LEVELS OF INTENSITY

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Table of Contents

HISTORY....3

INTRODUCTION....3

DDA LICENSED ALTERNATIVE LIVING UNITS AND GROUP HOMES....7

DIAGNOSTIC, EVALUATION AND TREATMENT PROGRAM....35

GROUP HOMES....52

TEEN MOTHER PROGRAMS....84

INDEPENDENT LIVING PROGRAM....100

MEDICALLY FRAGILE....123

SHELTERS....139

THERAPEUTIC GROUP HOMES....151

TREATMENT FOSTER CARE....169

HISTORY

The Subcabinet for Children, Youth, and Families, now the Children's Cabinet, has made a strong commitment to the development of a seamless system of services for children, adolescents and their families. In keeping with this commitment, the Interagency Licensing Committee (ILC) is charged with overseeing the development of an adequate continuum of residential services that is community based, responsive to the needs of children and their families and easy to access.

The Levels of Intensity System (LIS) began in June of 1991 and went into effect in October 1993 with the goal to update the LIS regularly. However, the updates did not happen until 2006. In 2006, the Levels of Intensity System (LIS) was revised for the first time since its creation. Since then a commitment was made to review and revise the Levels of Intensity (LOI) as necessary every year. In keeping with that commitment, the workgroups were brought back together again this year for a comprehensive review of all categories. The purpose of the workgroups were to make the narratives clearer in the definitions and descriptions.. Perhaps the biggest changes have been made to the check lists. The checklists were refined to include detailed instructions to make it easier for both providers and licensing staff to determine which levels are appropriate for each program. Several of the workgroups completely retooled their checklists in an attempt to make them more user friendly.

INTRODUCTION

The LIS is designed to help case workers and other providers choose the appropriate LOI for the children they serve and identify the community based programs available. The LIS is a procedural tool used to facilitate the decision making process when determining what LOI can adequately provide the services that will help the child become more successful in returning to the community after completing the LOI program. When the LIS is used correctly, well-informed placement decisions are made in the best interest of the children and families and result in the best use of available service resources.

The LIS identifies five domains within each LOI category. The five domains are:

- **Twenty-Four-Hour Milieu Care and Supervision**
- **Clinical Treatment Services**
- **Education Services**
- **Health/Medical Services; and**
- **Family Support Services**

The LOI Categories are:

- **DDA Licensed Alternative Living Units and Group Homes**
- **Diagnostic, Evaluation and Treatment Programs**
- **Group Homes including Teen-Mother Programs**
- **Independent Living Programs**
- **Medically Fragile Programs**
- **Shelters**
- **Therapeutic Group Homes**
- **Treatment Foster Care**

Each of the LOI Categories has been defined within the sections throughout this document. Each LOI category contains a description of the program based on the five domains, and identifies the levels of intensity as high, moderate, or low and when appropriate intermediate. The intensity levels are necessary to define the scope and intensity of services that are available to accommodate the diverse needs of children, youth, and their families.

The LSI provides a checklist for providers to identify the LOI type. These checklists **must** be completed and are a necessary step for providers when determining the accurate LOI. Providers should read the background information on the LOI category before proceeding to the appropriate checklist. **Changes and clarifications have been made to many LOI categories and in order to complete the checklists accurately the provider needs to have an understanding of the most current information.** The checklists are easy to understand and guide one through the process so that a provider can complete the steps needed to identify the most suitable LOI. Accurately completing the checklists will provide the best possible match between a child's needs and available service resources.

To the extent that service intensity levels clearly distinguish the capabilities of individual programs within each service category, they will be used as a factor in determining the reasonableness of individual program costs. They will be a factor in identifying programs that are not cost effective and will be used in the process of making informed placement decisions.

The aggregate LOI is an integral part of the rate setting process. However, it is not the sole determinate of a rate. The LOI combined with requested rates form the basis for the computation of the Preferred Provider status. Preferred Provider status is directly addressed in the regulations for Rate Setting for Residential Child Care Providers in COMAR 14.31.02, 14.31.03 and 13.41.06 and in the IRC's Rate Setting Methodology.

Definition of Terms

Expressive Therapy is the use of the creative arts as a form of therapy. Expressive therapies differ from traditional art expression in that the process of creation is emphasized rather than the final product. The incorporation of expressive therapies in mental health treatment with individuals and groups is based on the premise that engagement in the arts and creative expression can be important aspects of the healing process. Expressive therapy is predicated on the assumption that people can heal through use of imagination and the various forms of creative expression. Common forms of expressive therapies include: art, dance therapy, drama therapy, music therapy, and writing therapy.

To be identified as a clinical intervention with children in out-of-home placements, the service to be provided must be identified in a child's Individual Service Plan (ISP) and must be provided by a qualified, licensed or certified therapist with training in expressive therapies. Practitioners of expressive therapies are professionally trained to engage clients in the healing process through the therapeutic use of the arts. Expressive Therapists integrate the modalities of dance, drama, literature, music, poetry and the visual arts with the practice of psychotherapy.

Therapeutic Recreation is the provision of Treatment Services and the provision of Recreation Services to persons with illnesses or disabling conditions. The primary purposes for therapeutic recreation also referred to as Recreational Therapy, are to restore, remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability. To be identified as a clinical intervention with children in out-of-home placements, the service to be provided must be identified in a child's Individual Service Plan (ISP) and must be provided by professionals who are trained and certified, registered and/or licensed to provide Therapeutic Recreation.

One-on-One Individualized Adaptive Support (IAS) interventions (one-on-one services) are most appropriately used to assist a child in developing and practicing a broad range of adaptive skills required to function effectively across life domains, e.g., home, community, school, work settings, etc. Such individualized interventions can include anything that promotes positive educational and social and emotional development including individual tutoring, multi-dimensional mentoring, gross motor skill development exercises, and use of unfamiliar resources needed to support self-sufficient functioning and more.

Programs may offer the periodic use of brief, one-on-one interventions as a routine part of their care and supervision services. This does not imply that the program has the capability to provide routine and consistent one-on-one interventions with children who

need such services to participate in the program and which may be offered as an additional reimbursable service.

Family Centered Practice (FCP) assures that the entire system of care engages the family in helping them to improve their ability to adequately plan for the care and safety of their children. The safety, well-being and permanence of children are paramount. The strengths of the entire family are the focus of the engagement. The family is viewed as a system of interrelated people where action and change in one part of the system impacts the other. A commitment is made to encourage and support the family's involvement in making decisions for their children. A climate of community collaboration is nurtured as a way to expand the supportive network available to children and families. Refining the assessment and evaluation of practice standards and promoting performance expectations to assist caseworkers, supervisors and administrators in facilitating child welfare interactions will improve the outcomes for children and their families.

Ready by 21 is the initiative adopted by Maryland Children's Cabinet to ensure that all youth in out-of-home placements are well prepared and equipped to succeed independently after turning 21 years of age. All programs, irrespective of LOI category, should have a written policy to address Maryland's Ready By 21 Action Plan (henceforth The Action Plan) which was adopted by the Maryland Children's Cabinet in September of 2009. The goal of the Action Plan is to express the expectation that all of Maryland's youth, but with a special emphasis on youth-in-placement, are as well prepared as possible to independently meet the challenges of life beyond the age of 21.

The Action Plan recognizes that various factors will impact successful implementation including, but not limited to, the cognitive abilities of the youth being served. The written plan should outline how the program intends to address the goals set forth in the Action Plan and tailor these to the individuals it serves and the skill sets of the provider organization. The written plan should be realistic, measurable and executable.

DDA LICENSED ALTERNATIVE LIVING UNITS AND GROUP HOMES

Alternative Living Units (ALU) are limited to three beds. DDA licensed group homes are limited to 4 to 8 beds. The IRC groups ALU's and DDA licensed group homes in the ALU category. This is because these providers largely serve clients with the same needs – persons with developmental disabilities. A DDA licensed "group home" is not the same as a DHR licensed "group home". The DDA "group home" is a larger version of the DDA ALU.

I. TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

The scope and intensity of care and supervision (milieu services) offered in DDA licensed Alternative Living Units (ALU's) and group homes for children (those licensed under COMAR 14.31.05, 06 and 07 and applicable COMAR 10.22.02) will vary based on the abilities, disabilities and functioning of children referred to and placed. In all DDA licensed children's programs, the milieu or residential environment must provide, at a minimum; adequate supervision, recreation, socialization and transition services in a nurturing, culturally sensitive environment that enables and supports children's participation in needed treatment and educational services.

Staffing intensity and the scope and intensity of milieu program services is proportionate to the needs of children served. In all cases, staffing and service intensity is sufficient to ensure the maintenance of a safe and therapeutic environment. The nature of children's service needs and disabilities (physical, mental/emotional and social) are not the principal factor determining the appropriate level of milieu program intensity. Instead, this determination is based on a child's need for structure, supervision and access to treatment. In all cases, the scope and intensity of care and supervision provided will be consistent with the child's individual characteristics and needs as they are identified in the child's Individual Service Plan (ISP).

Recreation and socialization activities essential to growth and development are an assumed part of every adequate milieu program. All DDA licensed programs for children must offer a range of activities appropriate to the developmental levels and physical and social skill strengths and deficits of children served. Recreation and socialization services at all levels of intensity must minimize unstructured free time and help children make the most productive use of recreation and cultural activities available to them. Program offerings range from participation in readily available recreation and cultural activities in the community at the least intensive end of the service spectrum, to therapeutic recreation and socialization services provided and/or supervised by certified professionals as part of an overall treatment plan at the opposite end of the intensity continuum.

Transition services are defined as training and experiential learning activities, i.e., life skills training intended to improve capabilities for self reliance in the activities of daily living consistent with their "abilities" and life goals as identified in their Individual Service Plan. These services must be an integral part of all DDA licensed programs for children. Although differentiated from clinical strategies and interventions, milieu program

transition services and activities relate to and support long term goals, assisting children in making the transition to home or other less structured/less supported living arrangements. The nature of transition services varies among DDA licensed programs for children depending on the needs of children individually and in certain homogenous groupings depending on variables including, abilities/disabilities, cognitive functioning, and atypical or deviant behaviors. Generally, the level and intensity of transition services will correspond with the overall level of milieu program intensity except where varying degrees of cognitive development and/or physical disabilities are a factor. Milieu programs at all levels of intensity must offer transition services responsive to the developmental needs of clients served.

The scope of care and supervision provided in all DDA licensed programs for children includes the maintenance of a safe environment, ensuring that adequate shelter, food, clothing, transportation and other basic life needs are met and providing "parenting" functions consistent with the ages and developmental needs of children in care. The intensity of care and supervision ranges from staff secure (eyes-on supervision around the clock) and architecturally enhanced supervision capabilities at the most restrictive end of the spectrum, to the maintenance of a minimally restrictive, most home/family like therapeutic environment at the other end. Among the DDA licensed agencies operating programs for children, there are significant variations in structure, organization and staffing. They are distinguished by three Levels of Intensity for care and supervision as follows:

LOW

Characteristics of Children:
Regardless of diagnosis or reasons for placement, children who require low intensity care and supervision are those whose need for structure and supervision typically exceeds that which is available in less structured settings, e.g., foster care, or whose needs are better met in a group setting as opposed to the intimacy of a family setting. Typically, these are children with mild physical and/or developmental disabilities. Their need for supervision and direction related to school and other community involvement requires more support than is available in less structured settings. These children will attend public, approved nonpublic schools and participate in activities in the communities in which they live with adult supervision consistent with their individual needs as identified in their ISP's. Children for whom low level care and supervision is appropriate are not a threat to themselves or others and they are not flight risks.

These children may need short term residential placement prior to transitioning to a less restrictive environment, e.g., foster care, reunification with family or aging out to supervised/supported independent living. This may include those who have been "stepped-down" from more restrictive levels of care. Children who require low intensity care and supervision will most often have minimal/moderate level treatment needs, which can be met on an outpatient basis and attend school regularly with minor and infrequent behavioral difficulties. Children for whom low level intensity care and supervision is appropriate include children with mild developmental disabilities and

cognitive limitations, e.g., children who are identified as high functioning within the range of developmental disabilities. Typically, these children are fully ambulatory and capable of oral communication.

The behavioral characteristics of children for whom low level intensity care and supervision is appropriate include but are not limited to the following:

- Fully Ambulatory
- Capable of oral communication
- Low self-esteem
- Poor peer relationships
- Verbally oppositional at times including occasional temper tantrums
- Frequently sad
- Withdrawn or overly clingy
- Difficulty attaching or forming helpful relationships
- Difficulty following rules without frequent/repeated prompting (includes children with attention deficits)
- Age inappropriate expression of emotions and behaviors
- May require verbal prompts

Program Structure and Staffing Model:
Programs providing low intensity care and supervision are the most home/family like in terms of structure and nature of supervision. In these programs, children must be supervised going to and from school, in their participation in after school activities, visits with friends in the community and play activities with neighbor children. Staffing ratios and the deployment of staff will ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization and after school activities appropriate to their developmental needs.

MODERATE

Characteristics of Children:
Children who require moderate level intensity of care and supervision require a predictable and consistent structure with clear rules and a level of supervision necessary to ensure compliant behavior and participation in the full range of prescribed treatment, education, recreation and socialization activities. Often, such children have failed to acclimate to the expectations of less structured foster and group care settings or are assessed to need this level of care and supervision. Children needing moderate intensity care and supervision may have limited verbal communications abilities, may require assistance with ambulation, e.g., assistance with steps, walking with a cane, walker, or assistive devise, and will typically require assistance with activities of daily living. They are more inclined to require medical management of behavioral needs. Children requiring this level of care and supervision will have histories of acting out in less structured environments and cannot navigate between activities of daily living without assistance, and whose behavior requires consistent supervision. Children with developmental disabilities and cognitive functioning limitations whose behaviors are

consistent with those identified below are appropriate candidates for moderate intensity care and supervision. The behavioral characteristics of children for whom moderate level intensity care and supervision is appropriate include but are not limited to:

- Low self-esteem;
- Poor impulse control;
- Poor relationships with peers and adults;
- Difficulty attaching or forming helpful relationships;
- Oppositional behavior including frequent temper tantrums;
- Behaviors that require frequent redirection;
- Withdrawn with tendencies toward depression;
- Difficulty following rules without frequent/repeated verbal and/or physical prompting (includes children with attention deficits);
- Inappropriate expression of emotions and behaviors;
- Children who are flight risks;
- Lying and stealing; or
- Sexually acting out behavior (This level of care can pertain to children with indiscriminate sexual behavior)

Program Structure and Staffing Model:
Programs providing moderate intensity care and supervision have a structured milieu with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior. Programs providing moderate level care and supervision are structured to vary the intensity of supervision to correspond to the needs of individual children and their responsiveness to the structure and behavioral expectations of the milieu and their participation in school, treatment, recreation and socialization activities. Children who require moderate level care and supervision must be closely supervised by staff that know and understand their needs in all activities including after school activities and visits with families and friends. Staffing ratios and the deployment of staff will be sufficient to provide close and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs. Programs providing a moderate level of care and supervision will utilize one-on-one interventions when needed to deal with short term crises that threaten continued placement. Short-term one-on-one services are typically available as an integral part of programs providing moderate intensity care and supervision. All children who require a moderate level of care and supervision shall have a Behavior Plan developed in accordance with COMAR 14.31.07 and COMAR 10.22.10

HIGH

Characteristics of Children:
Children who require a high level intensity of care and supervision require a highly structured environment and close supervision at all times because of their behaviors or the severity of their disabilities. Most often, children requiring high level care and supervision have failed to acclimate to the expectations of less structured group care settings or has been determined upon assessment to need this level of care and supervision. This includes children with histories of hospitalization. Children needing high intensity care and supervision include those who act out consistently, are not able to navigate between activities of daily living without assistance and whose behaviors may present risks to themselves and others. Children with moderate, severe, and profound developmental disabilities and/or physical limitations whose behaviors are consistent with those identified below are appropriate candidates for high intensity care and supervision. Children will require high level intensity care and supervision for a variety of unrelated reasons. Among these characteristics they may be non-ambulatory, non-verbal and will typically require significant and consistent support and assistance with the skills of daily living.

High Intensity care and supervision is typically provided for children who have a developmental disability along with serious/chronic mental health treatment need, atypical medical needs and a need for program supported involvement special education. These children require close attention and a more individualized approach to care and supervision. High level care and supervision is also provided for children who require close supervision because of acting out behavior which poses a significant risk or threat to the safety of the child and/or others in a behavioral milieu which includes and balances individual treatment and supervision regimens. The behavioral characteristics of children for whom high level intensity care and supervision is appropriate include but are not limited to:

- Autism/ Autistic Tendencies;
- Children with moderate to profound developmental disabilities including but not limited to those with secondary diagnosis, e.g., autism, mental illness, extreme behaviors, etc.;
- Children with a high potential for, or history of harm to self and others;
- Children who engage in dangerous behaviors, e.g., fire setting, or aggressive/predatory sexual behavior;
- Impulsive risk taking behaviors;
- History of significant or prolonged mental health treatment/hospitalization;
- History of suicidal and/or homicidal ideation;
- Depression;
- History of self injurious behavior;
- Manipulative/triangulating behaviors;
- Compulsive stealing;
- Compulsive lying;
- Sexual acting out;

- Experimenting with drugs/alcohol;
- Gender identification issues;
- Poor impulse control;
- Poor relationships with peers and adults;
- Difficulty attaching or forming helpful relationships;
- Oppositional and defiant behavior;
- Verbal and/or physical aggression toward peers and/or adults;
- Behaviors that require frequent redirection;
- Withdrawn or socially isolated;
- Consistent difficulty following rules without frequent/repeated prompting (includes children with attention deficits);
- Inappropriate expression of emotions and behaviors; or
- Children with histories of running away and who have or may put themselves or the community at risk because of this behavior.

Program Structure and Staffing Model:
Apart from the requirement to have two staff members present during the children's waking hours in DDA licensed programs for children with developmental disabilities, including those with serious medical conditions, high intensity care and supervision are provided through a high staff to child ratio (1:1 to 1:3) by staff that are specially trained and qualified. The staffing model ensures 24 hour supervision (children are always visible to supervising staff) and the capability for periodic one-on-one supervision and support as an integral part of program staffing.

Programs providing high intensity care and supervision have highly structured milieu programs with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior. The program's structured milieu includes ongoing implementation of Behavior Intervention Plans to address intensive, maladaptive behaviors.

Twenty-four hour staff supervision is intensive including staffing necessary to support children's participation in education and treatment activities within and outside of the program's facilities. Programs offering high level care and supervision are highly integrated, providing most or all of their services as integral parts of the larger program. Some high level care and supervision programs operate on-grounds schools. Those that do not have a high level of participation with public and nonpublic schools providing special education programs participating in the development of Individual Education Plans (IEP) and providing services related to IEP goals during non-school day hours. Programs providing high intensity care and supervision also insure the compatibility of IEP and ISP goals and measurable objectives related to social and behavioral development. Programs providing high level care and supervision are structured to provide a level of supervision which corresponds with the individualized needs of children related to their participation in school, treatment, recreation and socialization activities. Staffing ratios and the deployment of staff will be sufficient to provide close

and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment. Staff to child ratios will be adequate to support children's participation in a range of recreation and socialization activities appropriate to their developmental needs as identified in their ISP's. Programs providing a high level of care and supervision will employ the use of one-on-one interventions to assist children in acclimating to daily routines, the requirements of education and treatment regimens and to deal with short term crises that threaten continued placement. Extended one-on-one services may or may not be available as an integral part of programs providing high intensity care and supervision.

Programs providing high intensity care and supervision must have a written description of their recreation and socialization services which identifies a scope of activities that meets the requirements outlined above and describes the scope and intensity of staffing used to implement such services. Programs providing high intensity care and supervision must also have the ability to maintain intensive supervision for children when they are involved in community-based education, medical/dental appointments, clinical treatment and any other activities required by their ISP's.

II. CLINICAL TREATMENT SERVICES

The intensity of clinical treatment services offered in DDA licensed children's programs is determined by the scope of professional services available, the setting(s) in which they are offered, and the degree to which they are interactive with milieu treatment services, education/special education services and/or other treatment services.

The appropriate level of intensity for clinical treatment services is determined by the scope and complexity of their diagnosed need for treatment and not by the nature of their residential placement. Thus, a child placed in a program providing a low level intensity of care and supervision may require high intensity clinical treatment services.

Clinical treatment services include services provided by licensed and/or certified professionals. Services may be offered individually or in combination as determined to be needed in a client service plan. Services typically available include any of, or a combination of the following:

- Case Management
- Psychological Assessment/Evaluation;
- Behavior Plan Development
- Individual counseling;
- Family counseling;
- Cognitive behavioral therapies
- Expressive therapies;
- Pharmacology;
- Medication management; and
- Psychiatry

LOW

Characteristics of Children Served:
Children for whom low intensity clinical treatment services are appropriate include those whose needs can be met on an "outpatient" basis. This includes children who, in spite of their diagnosis and treatment needs, can function with a moderate level care and supervision and who typically comply with their prescribed treatment regimen. Low level intensity clinical treatment services are appropriate for children with developmental disabilities who do not have a diagnosed mental illness and serious emotional disturbance. Typically, these children do not require psychotropic medications or behavior plans.

Program Structure and Staffing Model:
With the exception of case management, services are provided on an "outpatient" basis in the community where the child lives. Treatment is adjunctive and is provided in support of the goals of the child's individual service plan. Services are available on the same basis as for a child living at home with their family or a child in traditional family foster care. With the exception of case management, treatment services are provided by licensed and/or certified professionals in the community.

MODERATE

Characteristics of Children Served:
Children for whom moderate intensity clinical treatment services are appropriate include children with developmental disabilities along with a mental illness, moderate to severe emotional disturbances, social development deficits that will respond to an ongoing regimen of behavioral interventions. Moderate intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment and an ongoing regimen of counseling/therapies/behavioral interventions for all or a significant period of time related to the reasons for their ALU/group home placement. It would not be uncommon for children in this moderate intensity level to require the administration of psychotropic medications with corresponding medication management. The children may require a behavior plan, particularly if psychotropic medications are part of the treatment regimen.

Program Structure and Staffing Model:
Services are largely though not exclusively provided as an integral part of the group home program by staff and paid consultants. At a minimum, DDA licensed programs for children providing moderate level intensity clinical services will provide case management services and individual counseling/therapy/behavior intervention provided by qualified professionals. Psychological assessment/evaluation services and pharmacology services may be provided on an outpatient basis, but must be available. Individual service plans integrate clinical and behavioral intervention strategies in a formal behavior plan and identify the roles played by both the child and program staff to facilitate the child's involvement in treatment services.

HIGH

Characteristics of Children Served*:*
Children for whom high intensity clinical treatment services are appropriate are those children with developmental disabilities in combination with autism or any other axis one diagnosis including those with histories of psychiatric hospitalizations. High intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment, and an intensive regimen of counseling/therapies/behavioral interventions for all or a significant period of time related to the reasons for their group home placement. All children receiving high intensity clinical treatment services must have a behavior plan. Among children who need high intensity clinical treatment services, there will be a higher incidence of need for psychotropic medications and related pharmacology services.

Program Structure and Staffing Model:
Services provided by paid staff and consultants are available as an integral part of the group home program. At a minimum, DDA licensed children's programs providing high intensity clinical treatment services will provide case management services, individual therapies/counseling/behavioral interventions provided by qualified professionals, psychopharmacology services, and cognitive behavioral and expressive therapies. Implementation of the behavior plan must be overseen by a licensed Psychologist. Psychological assessment/evaluation services may be provided on an outpatient basis, but must be available. High intensity clinical treatment services are an essential element of programs serving children with serious and chronic mental illness and severe emotional disturbances. Individual service plans must integrate clinical treatment and behavioral intervention strategies and identify the roles played by the child and program staff to facilitate the child's involvement in treatment services.

III. EDUCATION SERVICES

DDA licensed children's programs provide access to education services for all children of mandatory school age up to age 21 for special education students who have not earned a secondary school diploma, general equivalency diploma, or certificate of completion. Education services are provided in the least restrictive setting consistent with the students educational and treatment needs. While children's education needs and placements will be influenced or determined by the scope and intensity of service required in other domains, e.g., care and supervision, enrollment in public schools should be the option of choice whenever possible. Options available to children in DDA licensed programs for children include: public elementary and secondary schools providing both general and special educations programs; public schools for children with developmental disabilities; nonpublic general education schools approved by the Maryland State Department of Education (MSDE) (typically these are on-grounds schools operated as an integral part of the group home program); and nonpublic special education facilities, also approved by the MSDE.

LOW

Characteristics of Children Served:
Children for whom low intensity education services are appropriate are typically responsive to the academic and behavioral expectations of the schools in which they are enrolled. The level of staff support needed by such students is generally consistent with that provided by parents/foster parents who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise. Children who are appropriate for low intensity education services can typically participate in classroom and extracurricular activities with adult supervision and support.

Program Structure and Staffing Model:
Children receiving low level education services are enrolled in public schools, most often with special education programs designed to respond to cognitive or other learning disabilities. Most of these children will have Individual Education Plans (IEP). At a minimum, program staff will ensure their timely enrollment, maintain regular contact with their teachers, be available to respond immediately to a behavioral or medical crisis; set aside a period in their daily schedule for supervised homework and supports their participation in extracurricular activities, providing transportation when necessary.

MODERATE

Characteristics of Children Served:
Children for whom moderate intensity education services are appropriate include those who have cognitive limitations, other learning disabilities and other secondary diagnosis and maladaptive behaviors. Children needing moderate level education services will be enrolled in special education and will have IEP's. Children for whom moderate level intensity education services are appropriate include those who require ongoing program staff support to sustain their enrollment and ensure academic progress. These children require consistent support from designated program staff who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise.

Program Structure and Staffing Model:
Children for whom moderate intensity education services are appropriate are enrolled in public schools and MSDE approved nonpublic special education schools equipped to manage disruptive behaviors exhibited by students with developmental disabilities, cognitive disorders and other learning disabilities. At a minimum, DDA licensed programs for children providing moderate level intensity education services will have a designated staff liaison between the program and the school, which will ensure the timely enrollment of new students, maintain regular contact with their teachers and be available to respond immediately to a behavioral or medical crisis. Program staff set aside a period in their daily schedule for supervised homework and will check frequently

with teachers to ensure that students are completing assignments. For students receiving moderate level intensity education services who participate in extracurricular activities, program staff will augment school faculty/staff supervision, maintaining regular contact with coaches and/or other faculty, ensuring that children who remain at school beyond the regular school day are being properly supervised and will provide transportation to allow participation in extracurricular activities.

HIGH

Characteristics of Children Served*:*
Children for whom high intensity education services are appropriate include those who present with severe to profound developmental disabilities including those with secondary mental health diagnosis and persistent behavioral problems. The children will be in special education and, for the most part, cannot be "mainstreamed" because of the severity of their disabilities and/or maladaptive behavior. Children who are appropriate for high intensity education services typically require additional staff support in the school/classroom, e.g., behavioral aides, tutors, etc. and require the regular participation of program staff to maintain their school placements.

Program Structure and Staffing Model:
Children for whom high intensity education services are appropriate are enrolled in an on-grounds MSDE approved nonpublic special education schools operated by the DDA licensed program for children or public special education schools. Such schools are equipped to educate children with severe to profound developmental disabilities, attendant secondary diagnosis and disruptive or maladaptive behaviors. High level intensity education services are an integral part of all services provided to the group home program. At a minimum, DDA licensed children's programs providing high level intensity education services will ensure the immediate enrollment of new students. The learning objectives for each student will be included in a written education service plan that is developed in conjunction with the student's Individual Service Plan. Schools providing high intensity education services consistently meet MSDE standards for teacher certification and faculty to student ratios. Schools providing high intensity education services will ensure that the group home's recreation and socialization activities approximate the nature and purpose of extracurricular activities available to children enrolled in public schools.

IV. HEALTH AND MEDICAL SERVICES

At a minimum, routine pediatric medical and dental services provided in accordance with the requirements for Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) are available to all children living in DDA licensed children's programs. DDA licensed children's programs provide medical services for children with a very broad range of medical conditions. All DDA licensed children's programs that administer medication must have a Delegating RN/case manager and staff administering medication must be certified as medication technician in compliance with COMAR 10.27.11. The intensity of services provided is proportionate to the scope and severity of medical needs

characteristics accepted by the group home. The intensity of medical services is influenced more by the severity of children's medical conditions than the range of medical conditions accepted. All children must have a Nursing Plan of Care and at each level of intensity, the Program must have the capability to meet the medical needs characteristics of children for whom that level of care is provided.

LOW

Characteristics of Children Served:
Children for whom low intensity health and medical services are appropriate are for children who require only routine medical care. Like all children, they need to be seen by doctors at regularly prescribed intervals for "well child visits" and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care. They also need to be seen by dentists for regular checkups, at least annually, and when they have complaints. Children served in low intensity health and medical services programs may have ongoing medical conditions, i.e., asthma that requires the use of inhalers but the conditions are under control with modest staff supervision and intervention. Programs providing low intensity health and medical services will occasionally have clients with conditions that meet the level of moderate intensity services, but these will be on an exceptional basis and only if the program can provide the level of service the individual child needs.

Program Structure and Staffing Model:
DDA licensed children's programs providing low intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT and which include policies governing medication administration and management. In accordance with applicable regulations, DDA licensed children's programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. DDA licensed children's programs providing low intensity medical services have the capacity to implement special diets for brief periods of time when necessary to respond to short term illnesses and related treatment, e.g. tonsillectomy, dental surgery, orthodontia, etc. Low intensity health and medical services are provided by health care providers in the community. Services provided in the community are coordinated by a Registered Nurse on staff. All physician prescribed medications are administered by a Registered Nurse or Certified Medication Technician. DDA licensed children's programs are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and the use of all prescribed medications.

MODERATE

Characteristics of Children Served:
Children for whom moderate intensity health and medical services are appropriate present with a broad spectrum of medical conditions that require consistent supervision and long-term medical treatment. The conditions or medical needs characteristics are

listed in each DDA licensed children's programs provider profile. Like children who require low intensity health and medical services, they need to be seen by Doctors at regularly prescribed intervals for checkups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular checkups, at least annually, and when they have complaints. Children requiring moderate intensity health and medical services often require special medical attention, e.g., blood level monitoring, insulin injections, the use of inhalers, special diets and close dietary monitoring.

Program Structure and Staffing Model:
DDA licensed children's programs providing moderate intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, including policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, DDA licensed children's programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. DDA licensed children's programs providing moderate intensity medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment, e.g. childhood diabetes, eating disorders, life threatening allergic reactions, etc. Moderate intensity health and medical services are most often provided by health care providers in the community; however, DDA licensed children's programs providing this level of service must employ a Registered Nurse. A Registered Nurse or Certified Medication Technician administers all physician prescribed medications. DDA licensed children's programs providing moderate health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and the use of all prescribed medications. DDA licensed children's programs providing moderate intensity health and medical services have staff trained in the management, safekeeping and administration of medication. Programs providing moderate health and medical services ensure that all direct care staff have knowledge of the nature and severity of the medical needs of and treatment provided to children placed with them.

HIGH

Characteristics of Children Served:
Children for whom high intensity health and medical services are appropriate present with chronic and/or acute medical conditions that do not rise to the definition of "medically fragile." These children may be identified as "medically complex" and include children who are non-ambulatory or who require assistance with ambulation. The needs of children requiring high intensity health and medical services include but is not limited to such illnesses as HIV/AIDS, hepatitis, acute asthma, chronic seizure disorders, diabetes and other life threatening illnesses. Children requiring high intensity health and medical services may require the supervised use of medical technologies. Such medical

conditions require close and consistent supervision and long term medical treatment. Medical needs characteristics served are listed in each DDA licensed children's programs provider profile. Like children who require low and moderate intensity health and medical services, they too need to be seen by Doctors at regularly prescribed intervals for checkups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular checkups, at least annually, and when they have complaints. Children with chronic and/or acute medical conditions need, in addition to medical treatment, understanding support from staff that provide care and supervision.

Program Structure and Staffing Model:
DDA licensed children's programs providing high intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, including policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, DDA licensed children's programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. DDA licensed children's programs providing high intensity health and medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses. DDA licensed children's programs providing high intensity health and medical services must employ a Registered Nurse. All physician prescribed medications are administered by a Registered Nurse or Certified Medication Technician. DDA licensed children's programs providing high intensity health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and the use of all prescribed medications. DDA licensed children's programs providing high intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self -administration regimens.

V. FAMILY SERVICES

"Family" is defined as including parents, siblings, extended family, friends, advocates, and other interested parties who are part of the child's social network. Family Services need to be provided for children in DDA licensed children's programs based on their individual needs and circumstances. Among children placed in DDA licensed children's programs, there is a continuum of family involvement ranging from no contact with family members to extensive family involvement in most aspects of a child's care and treatment. Except in instances where family involvement is precluded by a Court order or a child's family refuses to have contact with the child, every DDA licensed children's program must, at a minimum, maintain ongoing communication with the child's family members, allow for and accommodate family visitation and permit and facilitate communication between the child and his/her family members. These actions do not constitute family services in the context of levels of program and services intensities. All

DDA licensed children's programs will provide a written description of the scope and intensity of the family services they offer available to all referral and placement agencies and to parents. The intensity of family services offered in DDA licensed children's programs is determined by the degree to which families are involved in assessments/evaluations of their children's needs, the scope of family services available and the extent to which parent/family involvement is encouraged and supported by the program. Levels of intensity are reflective of the scope and intensity of services routinely available and not necessarily the scope or intensity of services used by any particular family, recognizing that family availability and participation may vary widely among the families of children placed in DDA licensed children's programs. At the highest level of intensity, family services interact with milieu services, clinical treatment services and education/special education services. Except in instances where children have no identified family members or where family members are precluded from participation by a Court order, DDA licensed children's programs make continuous efforts to actively involve parents and family members in an initial and periodic assessment of their children's needs and in their development of Individual Service Plans (ISP) and Individual Education Plans (IEP) where applicable and discharge plans. Family services are provided by licensed and/or certified professionals and qualified paraprofessionals including: case managers, nurses, licensed therapists, licensed counselors, aides and transportation aides. Services may be offered individually or in combination as determined to be needed in a client service plan.

The ***Characteristics of children*** for whom differing levels of family services are provided are not a primary factor in deciding the scope or intensity of services provided. Rather, decisions about the level and intensity of services are determined by the availability and willingness of parents/families to participate in the treatment of their children and second, the capability or level of service offered by the group home.

LOW

Program Structure and Staffing Model:
DDA licensed children's programs providing low intensity family services will provide a range of services designed to maintain the child's connection with his/her family while the child is in placement and during the transition from out-of-home care to family living when there is a plan for family reunification. Program staff provides opportunities for children to interact with parents and siblings and coordinate services for the family while their child is in care when there is a plan for family reunification. As a part of their case management services, DDA licensed children's programs help families identify and access community services (family counseling, parenting education or services needed by the child to transition from placement to home) needed to support timely reunification and successful treatment outcomes.

MODERATE

Program Structure and Staffing Model:
In addition to services at a low intensity level, DDA licensed children's programs providing moderate intensity family services provide individual and group family counseling/therapies and parenting education by qualified licensed/certified therapists/counselors. Prior to a child's discharge, the Program will help parents/families identify the appropriate school placement and other community based services and activities consistent with the goals of the child's discharge plan and will ensure that information needed to enroll in school and access services is available at the time of discharge. DDA licensed children's programs providing moderate level intensity family services will provide a higher level of case management and case planning, ensuring that the needs of parents/families related to reunification are identified in a written plan (the child's ISP or a separate Family Services Plan) and will assist parents/families in identifying the service resources they need. DDA licensed children's programs providing moderate level intensity family services will periodically provide opportunities for children and their families to engage in social or recreational activities provided by the Program.

HIGH

Program Structure and Staffing Model*:*
In addition to services at a low and moderate intensity level, DDA licensed children's programs providing high intensity family services will develop Family Service Plans (FSP) distinguishing the services to be provided by the group home and those to be provided by other providers, e.g., community-based mental health and/or substance abuse services, and/or supports related to housing, employment, etc. In addition to individual and family group therapies, high intensity family services will either provide or ensure access to substance abuse counseling and treatment. High intensity family services include active and ongoing case management services to the family that include assistance in identifying and accessing community services, e.g., assistance with making appointments. DDA licensed children's programs providing high level family services have policies and mechanisms for inviting, and encouraging active family participation in their child's treatment. They also have policies and mechanisms to ensure parent/family involvement in the program as members of advisory groups, participants on quality assurance teams, and participation in milieu program activities. Prior to a child's discharge, the group home will help parents/families identify the appropriate school placement and other community based services and activities and will work with parents/families to ensure the timely enrollment of their children in school and enrollment/placement in community-based programs and services identified in the discharge plan. High intensity family services include formal, short term follow up - 30 to 60 days – to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes.

VI. SCORING MATRIX

Domain	High	Moderate	Low
24 hr Milieu Care &Supervision	26	20	14
Clinical Services	4	2	1
Education Services	7	5	4
Health/Medical Services	10	6	3
Family Support Services	6	3	1

DDA CHECKLIST

Directions

1) **Care And Supervision; Clinical Treatment Services; Education Services**
   - For these 3 Domains, the level of intensity is determined by meeting the Required Criteria as indicated in the checklist for Characteristics of Children and Program Structure/Staffing Model. Note the need to check off essential items designated with an asterisk. If you score the Required Criteria in 2 levels, identify the highest level as your Level of Intensity for that Domain.

2) **Health and Medical Services; Family Services**
   - For these 2 Domains, each successive Level of Intensity assumes the provision of all Characteristics of Children and Program Structure/Staffing Model at all lower levels. Must meet all criteria at the designated level.

Care and Supervision

Low Intensity Care/Supervision *(Note: Items marked with an asterisk are Essential and Must be included as part of the Required Criteria)*

Characteristics of Children (Required Criteria - must check at least 3 of 5)

- ☐ *Mild developmental disabilities and cognitive limitations whose need for structure and supervision typically exceeds that which is available in regular foster care
- ☐ *Able to regularly attend public and approved nonpublic schools
- ☐ Not a threat to themselves or others and they are not flight risks.
- ☐ Typically have minimal/moderate level treatment needs, e.g., children who are identified as high functioning within the range of developmental disabilities.
- ☐ Typically ambulatory and capable of oral communication.

Program Structure and Staffing Model (Required Criteria – must check at least 2 of 3)

- ☐ *Programs are home/family like in terms of structure and nature of supervision.
- ☐ Children are continuously supervised by responsible adults (This may include non-staff school faculty and other approved adult contact)
- ☐ Staffing ratios and the deployment of staff will ensure that children involved in all prescribed treatment and support of children's participation in a range of recreation and socialization and after school activities appropriate to their developmental needs.

Moderate Intensity Care/Supervision *(Note: Items marked with an asterisk are Essential and Must be included as part of the Required Criteria)*

*Characteristics of Children (*Required Criteria – must check at least 5 of 9)

- ☐ *Children with behaviors that require a Behavior Plan developed in accordance with COMAR 14.31.07

- ☐ Have failed to acclimate to less structured foster and group care settings
- ☐ Cannot navigate between activities of daily living without assistance
- ☐ Have limited verbal communications abilities,
- ☐ Typically require assistance with activities of daily living.
- ☐ May require assistance with ambulation, e.g., assistance with steps, walking with a cane or walker, or assistive device
- ☐ *More inclined to require medical management of behavioral needs.
- ☐ May have history of running away and may be flight risks
- ☐ Indiscriminate sexual behavior – sexual acting out

Program Structure and Staffing Model (Required Criteria – must check at least 3 of 4)

- ☐ *Structured milieu with significant focus on behavior modification (teaching and reinforcing normative behaviors)
- ☐ Close supervision by staffers who know children's individual needs in all activities required in ISP's
- ☐ Staffing ratios and staff deployment provide for close and consistent supervision
- ☐ *Program utilizes one-on-one interventions when needed to deal with short term crises that threaten continued placement. Short-term one-on-one services are typically available as an integral part of the program

High Intensity Care/Supervision *(Note: Items marked with an asterisk are Essential and Must be included as part of the Required Criteria)*

Characteristics of Children (Required Criteria – must check at least 7 of 11)

- ☐ *Children with severe, profound and pervasive disabilities, and/or physical limitations and/or challenging behaviors including but not limited to those with secondary diagnosis, e.g., autism, mental illness, and chronic medical conditions.
- ☐ *Inappropriate, as determined through assessment, for less structured placements
- ☐ History of significant or prolonged mental health treatment/hospitalization for conditions including depression, suicidal and/or homicidal ideation.
- ☐ Consistently unable to navigate between activities of daily living without assistance
- ☐ May present risks to themselves or others
- ☐ May be non-ambulatory, non verbal
- ☐ Typically require significant and consistent support and assistance with the skills of daily living
- ☐ May have serious/chronic mental health treatment needs
- ☐ May have atypical medical needs
- ☐ Require close attention and a more individualized approach to care and supervision
- ☐ May engage in dangerous behaviors, e.g., fire setting, or aggressive/predatory sexual behavior coupled with gender identification issues

Program Structure and Staffing Model (Required Criteria - must check at least 6 of 9)

- ☐ Supervision is provided with staff to child ratio (1:1 to 1:3) by specially trained staff
- ☐ *Staffing ensures 24 hour supervision (children are always visible to supervising staff) and capability for periodic one-on-one support as an integral part of program
- ☐ *Highly structured focus on behavior modification – structured milieu with ongoing implementation of Behavior Intervention Plans to address intensive, maladaptive behaviors.
- ☐ Established daily routines, clearly define responsibilities, expectations, and consequences for compliant/non compliant behavior.
- ☐ *High level of staff participation in education programs, participating in IEP development and providing services related to IEP goals during non-school day hours. IEP and ISP goals and measurable objectives are coordinated and compatible
- ☐ Staff to child ratios will support participation in recreation and socialization activities appropriate to developmental needs identified in ISP's.
- ☐ *One-on-one interventions are used to assist children in acclimating to daily routines, the requirements of education and treatment regimens and to deal with short term crises that threaten continued placement. Extended one-on-one services may or may not be available as an integral part of the program.
- ☐ Program has written description of their recreation and socialization services, which describes the scope, and intensity of staffing used to implement such services.
- ☐ Program maintains intensive supervision for children when they are involved in community-based education, medical/dental appointments, clinical treatment and any other activities required by their ISP's.

Clinical Treatment Services

Low Intensity Clinical Services *(Note: Items marked with an asterisk are essential and must be included as part of the Required Criteria)*

Characteristics of Children (Required Criteria – must check at least 2 of 3)

- ☐ Children do not have a diagnosed mental illness or serious emotional disturbance.
- ☐ Children whose clinical treatment needs can be met on an "out patient" basis.
- ☐ Typically children who do not require psychotropic medications or behavior plans.

Program Structure and Staffing Model (Required Criteria – must check at least 3 of 4)

- ☐ Program provides comprehensive and ongoing case management services
- ☐ With the exception of case management, services are provided on an "out patient" basis by licensed and/or certified professionals in the community.
- ☐ Treatment is adjunctive and is provided to support ISP goals
- ☐ Services are available on the same basis as for a child living at home with their family or a child in traditional foster care.

Moderate Intensity Clinical Services *(Note: Items marked with an asterisk are essential and must be included as part of the Required Criteria)*

Characteristics of Children (Required Criteria – must check at least 3 of 4)

- ☐ Developmental Disabilities may be coupled with a mental illness, moderate to severe emotional disturbances and/or social development deficits
- ☐ *50% or more of children need continuous case management, periodic assessment and ongoing counseling/therapy/behavioral intervention for an extended period of time
- ☐ 50% or more of children require psychotropic medications with corresponding medication management.
- ☐ 50% or more of children require behavior plans, as outlined in COMAR 10.22.10

Program Structure and Staffing Model (Required Criteria – must check at least 3 of 4)

- ☐ *All services are largely provided as an integral part of the program by staff and paid consultants.
- ☐ Program provides individual counseling/therapy or behavioral intervention provided by qualified professionals.
- ☐ Psychological assessment/evaluation services and medication management are routinely available by staff and paid consultants.
- ☐ All ISP's integrate clinical and behavioral intervention strategies in a behavior plan and identify the roles played by both the child and program staff to facilitate the child's involvement in treatment services.

High Intensity Clinical Services *(Note: Items marked with an asterisk are essential and must be included as part of the Required Criteria)*

Characteristics of Children (Required Criteria – must check at least 3 of 4)

- ☐ Children with developmental disabilities in combination with serious and chronic mental illness severe emotional disturbances and any other axis one diagnosis including those with histories of psychiatric hospitalizations.
- ☐ 75% or more of children need continuous case management, periodic assessment, and an intensive, more highly integrated regimen of counseling/therapies for all or a significant period of time related to the reasons for their group home placement.
- ☐ *75% or more of children must have a behavior plan as outlined in COMAR 10.22.10.
- ☐ 75% or more of children require psychotropic medications with corresponding medication management.

Program Structure and Staffing Model (Required Criteria – must check at least 4 of 5)

- ☐ All services are largely provided as an integral part of the program by staff and paid consultants.
- ☐ Program provides individual therapies/counseling/behavior interventions, cognitive behavioral and expressive therapies provided by qualified professionals.
- ☐ *Program employs a licensed Psychologist as staff or paid consultant to develop behavior plans.
- ☐ All psychological assessment/evaluation services and medication management are available by staff and paid consultants.
- ☐ All ISP's integrate clinical and behavioral intervention strategies in a behavior plan and identify the roles played by both the child and program staff to facilitate the child's involvement in treatment services.

Education Services

Low Intensity Education Services *(Note: Items marked with an asterisk are essential and must be included as part of the Required Criteria)*

Characteristics of Children (Required Criteria – must check at least 2 of 3)

- ☐ Typically responsive to academic and behavioral expectations in school
- ☐ Level of support needed is consistent with that provided by parents/foster parents who take a strong interest in their children's education
- ☐ Can typically participate in classroom and extracurricular activities with adult supervision and support.

Program Structure and Staffing Model (Required Criteria – must check at least 3 of 4)

- ☐ Children are enrolled in public schools principally in special education. Most of these children will have Individual Education Plans (IEP).
- ☐ *Program staff ensure timely enrollment, participate in the development of IEP's, maintain regular contact with teachers and are available to respond immediately to a behavioral or medical crises.
- ☐ Program staff set aside a period in the daily schedule for supervised homework
- ☐ Program staff support participation in extracurricular activities, providing transportation when necessary

Moderate Intensity Education Services *(Note: Items marked with an asterisk are essential and must be included as part of the Required Criteria)*

Characteristics of Children (Required Criteria – must check at least 2 of 3)

- ☐ Children typically have maladaptive behaviors.
- ☐ *Children are enrolled in special education and have IEP's,
- ☐ Children require ongoing program staff support to sustain their enrollment and ensure academic progress

Program Structure and Staffing Model (Required Criteria – must check at least 2 of 3)

- ☐ Public schools and MSDE approved nonpublic special education schools equipped to manage disruptive behaviors, cognitive disorders and other learning disabilities
- ☐ *Program has a designated staff liaison between the program and the school, ensures timely enrollment of new students, maintains regular contact with teachers and responds immediately to a behavioral or medical crises.
- ☐ For students who participate in extracurricular activities, program staff augment school faculty/staff supervision, ensuring that children who remain at school beyond the regular school day are being properly supervised

High Intensity Education Services *(Note: Items marked with an asterisk are essential and must be included as part of the Required Criteria)*

- ☐ *Characteristics of Children* (Required Criteria – must check at least 2 of 3)
- ☐ Severe to profound developmental disabilities including those with secondary mental health diagnosis and persistent behavioral problems.
- ☐ Children in special education who, for the most part, cannot be "mainstreamed" because of the severity of their disabilities and/or maladaptive behavior.
- ☐ Typically require additional staff support in the school/classroom, e.g., behavioral aides, tutors, etc. and require the regular participation of program staff to maintain their school placements.

Program Structure and Staffing Model (Required Criteria – must check at least 3 of 4)

- ☐ *Children are enrolled in on grounds MSDE approved nonpublic special education schools operated by the program
- ☐ The school is equipped to educate children with severe to profound developmental disabilities, attendant secondary diagnosis and disruptive or maladaptive behaviors.
- ☐ Education services are an integral part of the overall residential program
- ☐ Learning objectives for each student are included in both IEP's and ISP's

Health and Medical Services

Low Intensity Health and Medical Services (Must check all items to move to the next level)

Characteristics of Children Served

- ☐ Children require only routine medical care
- ☐ May have medical conditions, i.e., asthma under control with modest staff supervision

Program Structure and Staffing Model

- ☐ Comprehensive written policies govern the provision of health and medical services which comport with the requirements of EPSDT
- ☐ Policies governing medication administration and management
- ☐ Programs have formal agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services.
- ☐ Programs can provide special diets for brief periods of time when necessary to respond to short term illnesses and related treatment
- ☐ Medical services are provided by health care providers in the community
- ☐ Medical services are coordinated by a Registered Nurse on staff
- ☐ Physician prescribed medications are administered by a Registered Nurse or a Certified Medication Technician.
- ☐ Program maintains records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and the use of all prescribed medications.

Moderate Intensity Health and Medical Services (Must check all items to move to the next level)

Characteristics of Children

- ☐ Children require only routine medical care
- ☐ May have medical conditions, i.e., asthma under control with modest staff supervision
- ☐ Children present with a broad spectrum of medical conditions that require consistent supervision and long-term medical treatment; e.g. childhood diabetes, eating disorders, life threatening allergic reactions, etc.
- ☐ Children often require special medical attention, e.g., blood level monitoring, insulin injections, the use of inhalers, special diets and close dietary monitoring.

Program Structure and Staffing Model

- ☐ Comprehensive written policies govern the provision of health and medical services which comport with the requirements of EPSDT
- ☐ Policies governing medication administration and management
- ☐ Programs have formal agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services.
- ☐ Programs can provide special diets for brief periods of time when necessary to respond to short term illnesses and related treatment
- ☐ Medical services are provided by health care providers in the community
- ☐ Medical services are coordinated by a Registered Nurse on staff
- ☐ Physician prescribed medications are administered by a Registered Nurse or a Certified Medication Technician.
- ☐ Program maintains records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and the use of all prescribed medications.

- ☐ Capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment
- ☐ Program employs at least one registered nurse
- ☐ Direct care staff has demonstrated knowledge of the nature and severity of the medical needs of and treatment provided to children placed with them.

High Intensity Health and Medical Services (Must check all items for this to be the designated level)

Characteristics of Children

- ☐ Children require only routine medical care
- ☐ May have medical conditions, i.e., asthma under control with modest staff supervision
- ☐ Children present with a broad spectrum of medical conditions that require consistent supervision and long-term medical treatment; e.g. childhood diabetes, eating disorders, life threatening allergic reactions, etc.
- ☐ Children often require special medical attention, e.g., blood level monitoring, insulin injections, the use of inhalers, special diets and close dietary monitoring.
- ☐ "Medically complex" with chronic and/or acute medical conditions that do not rise to the definition of "medically fragile."
- ☐ May be non-ambulatory or require assistance with ambulation.
- ☐ Medical needs may include but are not limited to HIV/AIDS, hepatitis, acute asthma, chronic seizure disorders, diabetes, and other life threatening illnesses
- ☐ May require use of mechanical medical technologies.

Program Structure and Staffing Model

- ☐ Comprehensive written policies govern the provision of health and medical services which comport with the requirements of EPSDT
- ☐ Policies governing medication administration and management
- ☐ Programs have formal agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services.
- ☐ Programs can provide special diets for brief periods of time when necessary to respond to short term illnesses and related treatment
- ☐ Medical services are provided by health care providers in the community
- ☐ Medical services are coordinated by a Registered Nurse on staff
- ☐ Physician prescribed medications are administered by a Registered Nurse or a Certified Medication Technician.
- ☐ Program maintains records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and the use of all prescribed medications.
- ☐ Capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment
- ☐ Program employs at least one registered nurse
- ☐ Direct care staff has demonstrated knowledge of the nature and severity of the medical needs of and treatment provided to children placed with them.

Family Support Services

Low Intensity Family Services (Must check all items to move to the next level)

Program Structure and Staffing Model

- ☐ Program provides services designed to maintain the child's connection with his/her family
- ☐ Program provides opportunities for children to interact with parents and siblings and coordinates services for the family when there is a plan for a family reunification.
- ☐ Program helps families identify and access community services to support timely reunification and successful treatment outcomes.

Moderate Intensity Family Services (Must check all items to move to the next level)

Program Structure and Staffing Model

- ☐ Program provides services designed to maintain the child's connection with his/her family
- ☐ Program provides opportunities for children to interact with parents and siblings and coordinates services for the family when there is a plan for a family reunification.
- ☐ Program helps families identify and access community services to support timely reunification and successful treatment outcomes.
- ☐ Program provides individual and group family counseling/therapies and parenting education by qualified licensed/certified therapists/counselors
- ☐ Prior to discharge, the program assists parents/families in identifying and accessing the appropriate school placement and other needed services
- ☐ Case management and case planning ensure that the needs of parents/families related to reunification are identified in a written plan
- ☐ Program periodically provides opportunities for children and their families to engage in social or recreational activities provided by the program.

High Intensity Family Services (Must check all items for this to be the designated level)

Program Structure and Staffing Model

- ☐ Program provides services designed to maintain the child's connection with his/her family
- ☐ Program provides opportunities for children to interact with parents and siblings and coordinates services for the family when there is a plan for a family reunification.
- ☐ Program helps families identify and access community services to support timely reunification and successful treatment outcomes.
- ☐ Program provides individual and group family counseling/therapies and parenting education by qualified licensed/certified therapists/counselors

- ☐ Prior to discharge, the program assists parents/families in identifying and accessing the appropriate school placement and other needed services
- ☐ Case management and case planning ensure that the needs of parents/families related to reunification are identified in a written plan
- ☐ Program periodically provides opportunities for children and their families to engage in social or recreational activities provided by the program.
- ☐ Program provides Family Service Plans (FSP) identifying and distinguishing services provided by the program from those provided by other providers
- ☐ In addition to individual and family group therapies, program staff ensures access to substance abuse counseling and treatment
- ☐ Program has policies and mechanisms for encouraging/supporting family participation in treatment
- ☐ Program has policies and mechanisms to engage parents/families as members of advisory groups, quality assurance teams, and participation in milieu program activities
- ☐ Services include formal, short term follow up – 30 to 60 days – to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes.

Program Staff Review & Approval: Date:

Licensing Agency Approval:

DIAGNOSTIC, EVALUATION AND TREATMENT PROGRAM

I. TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

The scope and intensity of care and supervision (milieu services) offered in Diagnostic, Evaluation, and Treatment Programs generally do not vary due to the severe or unknown disabilities and functioning of children referred to and placed. In all diagnostic and evaluation programs, the milieu or residential environment must provide, at a minimum, close supervision, diagnostic psycho-social testing, recreation, socialization, and transition services in a nurturing, culturally sensitive environment that enables and supports children's participation in needed treatment and educational services.

Staffing intensity and the scope and intensity of milieu program services is intense to meet the needs of children served. In all cases, staffing and service intensity is sufficient to ensure the maintenance of a safe and therapeutic environment. The nature of children's service needs and disabilities (physical, mental/emotional and social) are the principal factor determining the high level of milieu program intensity. This determination is also based on a child's need for structure, supervision and access to treatment.

Programs providing health and medical services ensure that all direct care staff have knowledge/training of the nature and severity of the medical needs of and treatment provided to children placed with them.

Recreation and socialization activities essential to growth and development are an assumed part of every adequate milieu program. All diagnostic programs must offer a range of activities appropriate to the ages, developmental levels, and physical and social skill strengths and deficits of children served. Recreation and socialization services must restrict unstructured free time and assist children in learning to identify and access recreation and cultural activities and make productive use of leisure time. Program offerings range from participation in readily available recreation and cultural activities in the community at the least intensive end of the service spectrum, to therapeutic recreation and socialization services provided and/or supervised by certified professionals as part of an overall treatment plan at the opposite end of the intensity continuum.

Transition services, defined as training and experiential learning activities, e.g., life skills training intended to foster self reliance and age appropriate independence, must also be an integral part of all diagnostic programs. Although differentiated from clinical strategies and interventions, milieu program transition services and activities relate to and support long term goals, assisting children in making the transition to the next planned placement. Generally, the level and intensity of transition services will be very structured to correspond with the high level of milieu program intensity except where cognitive development and/or physical disabilities are a factor.

The scope of care and supervision provided in all diagnostic programs includes the maintenance of a safe environment, ensuring that adequate shelter, food, clothing, transportation and other basic life needs are met and providing "parenting" functions consistent with the ages and developmental needs of children in care. The intensity of

care and supervision routinely include staff secure (eyes-on supervision around the clock) and architecturally enhanced supervision capabilities. By these standards Diagnostic programs are routinely rated at a high level of intensity for the care and supervision of the children they serve and defined as follows:

HIGH

Characteristics of Children Served:
Due to diagnoses and/or extreme maladaptive behaviors, children who require high intensity care and supervision need either or both a highly structured milieu and intense supervision. Children in highly structured, supervision intensive milieu programs exhibit extreme disruptive, maladaptive and delinquent behaviors and pose a clear threat to their own safety or the safety of others. They require intense around the clock supervision and immediately available crisis intervention, including access to supervised time out. Therapeutic or adaptive recreation and socialization services consistent with the needs of the children served by the program are available within the milieu. Over-night supervision must be sufficient to deal with individual and group behavioral crisis. Other children who require intense supervision, but not necessarily a highly structured milieu include children with serious mental illness who experience episodic psychosis, severe depression, and/or suicidal behavior, and children with medical conditions that require close monitoring but do not meet the definition of “medically fragile." The behavioral and treatment needs characteristics of children for whom high intensity care and supervision is required can include:

- A history of psychiatric hospitalization or prolonged, intensive psychiatric treatment;
- Children with severe developmental disabilities including but not limited to those with secondary diagnosis, e.g., autism, mental illness, extreme behaviors, etc.;
- A history of serious and prolonged delinquent behavior resulting in loss or injury to others;
- Children with a high potential for, or history of harm to self and others;
- Children who engage in dangerous behaviors, e.g. fires setting, aggressive/predatory sexual behavior;

Program Structure and Staffing Model:
For children with challenging behaviors, programs provide staff secure settings which may include architectural features such as alarms, motion detectors and/or security cameras in common indoor and outdoor areas (staff secure means high ratio of staff to children, ranging from 1:3 to 1:4, which permits constant 24 hour supervision, i.e., children are always visible to supervising staff, and the capability for periodic one-on-one supervision and support as an integral part of program staffing. Programs providing high intensity care and supervision for such children have 24-hour access to crisis intervention provided by staff that is specially trained and which allow children in crisis to be removed to an alternative location (not to be construed as seclusion). The program should have the capacity to provide occasional, brief, or periodic 1:1 services if

necessary. For children with developmental disabilities, mental illness and serious medical conditions, high intensity care and supervision are provided through a high staff to child ratio (1:1 to 1:3) by staff that is specially trained and "qualified." The staffing model permits 24-hour supervision (children are always visible to supervising staff) and the capability for periodic one-on-one supervision and support as an integral part of program staffing.

Typically, but not exclusively, children who need high intensity care and supervision will attend on ground schools, self-contained public or private education programs, alternative schools, or nonpublic special education facilities and will have their clinical treatment needs met within the facilities where they are placed. Consistent with the needs of children requiring high intensity supervision, the program offer highly structured and intensely supervised recreation and socialization activities within the program. Programs providing high intensity care and supervision must have a written description of their recreation and socialization services which identifies a scope of activities that meets the requirements outlined above and describes the scope and intensity of staffing used to implement such programs. Diagnostic programs must also have the ability to maintain intensive supervision for children when they are involved in community-based education, medical/dental appointments, clinical treatment and any other activities required by their individual service plans.

II. CLINICAL TREATMENT SERVICES

The intensity of clinical treatment services offered in diagnostic programs is always high as the scope of professional services available, the setting(s) in which they are offered, and the degree to which they are interactive with milieu treatment services, education/special education services and/or other treatment services are available.

The appropriate level of intensity for clinical treatment services is determined by the scope and complexity of their diagnosed need for treatment and not by the nature of their residential placement.

Clinical treatment services include services provided on site by licensed and/or certified professionals. Services may be offered individually or in combination as determined to be needed in a client service plan. In addition, crisis management services are provided on-site, 24 hours per day. Services available must include:

- Case Management;
- Individual and group psychotherapy;
- Family therapy/counseling;
- Medication management;
- Psychiatry services including medication management and psychiatric evaluations;
- Psychological Assessment/Evaluation; and
- An array of other treatment approaches (e.g., cognitive behavioral therapy, restorative healing, etc.).

Services rendered will be based on the needs of the client after an evaluation by the treatment team.

HIGH

Characteristics of Children Served:
Children appropriate for high intensity clinical diagnostic services are children with chronic mental illness including histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTC's) and children with severe emotional disturbances. High intensity clinical diagnostic treatment services are appropriate for children who need continuous case management, periodic assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for their placement. Among children who need high intensity clinical treatment services, there will be a higher incidence of need for psychotropic medications and related pharmacology services. High intensity clinical diagnostic services may be appropriate for children in a behavioral milieu, e.g., a program structured for juvenile offenders, when there are indications that such treatment will contribute to the goals of the placement.

Program Structure and Staffing Model:
Services provided by paid staff and consultants are available on-site as an integral part of the diagnostic and evaluation process. At a minimum, high intensity clinical treatment services will provide case management services, individual, family and group therapies provided by qualified, licensed therapists, psychopharmacology services, and an array of other treatment approaches that may include cognitive behavioral therapy and restorative healing as integral parts of the home program. Psychological assessment/evaluation services may be provided on an outpatient basis, but must be available. High intensity clinical treatment services are an essential element of programs serving children with serious and chronic mental illness and severe emotional disturbances. Individual service plans must integrate clinical diagnostic services and behavioral intervention strategies and identify the roles played by the child and youth care staff to facilitate the child's involvement in treatment services.

III. EDUCATION SERVICES

Diagnostic programs provide services for all children of mandatory school age up to age 21 for special education students who have not earned a secondary school diploma, general equivalency diploma, or certificate of completion. Education services are provided in the least restrictive setting consistent with the students assessed educational and treatment needs. Children's education needs and placements will be influenced or determined by the scope and intensity of service required in other domains and should be served in Type III setting and/or have the ability to meet IEP goals. Options available to children in diagnostic / evaluation programs include: public elementary and secondary schools providing both general and special educations programs; public schools for children with developmental disabilities; nonpublic general

education schools approved by the Maryland State Department of Education (MSDE) (typically these are on-grounds schools operated as an integral part of the group home program); and nonpublic special education facilities, also approved by the MSDE.

MODERATE

Characteristics of Children Served:
Children appropriate for moderate intensity education services include those with school phobias, histories of truancy and other school related discipline problems that resulted in frequent detention and/or suspensions and children in special education because of a diagnosed mental illness, serious emotional disturbance or developmental disability. These children also require ongoing staff support to sustain their enrollment and ensure academic progress. These children typically require consistent support from designated diagnostic staff who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise.

Program Structure and Staffing Model:
Children for whom moderate intensity education services are appropriate are enrolled in public schools and MSDE approved nonpublic general and special education schools, including some with special education programs equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities. At a minimum, diagnostic programs providing moderate level intensity education services will have a designated staff liaison between the diagnostic center and the school to serve as an active participant in the child's educational plan, and will ensure the timely enrollment of new students, maintain regular contact with their teachers and be available to respond immediately to a behavioral or medical crisis. In addition, the diagnostic program will: arrange transportation to the school, coordinate clinical, behavioral, and educational goals into their service plans.

For students receiving moderate level intensity education services who participate in extracurricular activities, diagnostic staff will augment school faculty/staff supervision, maintaining regular contact with coaches and/or other faculty, and provide transportation when necessary.

HIGH

Characteristics of Children Served:
Children appropriate for high intensity education services include those who present with serious and persistent behavioral problems characterized by frequent suspensions and/ or expulsion and children in special education who, for the most part, cannot be "mainstreamed" because of the severity of their maladaptive behavior and/or the extent of their mental illness, serious emotional disturbance or developmental disability.

Children who are appropriate for high intensity education services typically require additional staff support in the school/classroom, e.g., behavioral aides, tutors, etc.

Program Structure and Staffing Model:
Children for whom high intensity education services are appropriate are enrolled in Type III on-ground programs; MSDE approved nonpublic general and special education schools, operated by the diagnostic program. Such schools are equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities. These on-ground schools are an integral part of the diagnostic / evaluation program. Diagnostic programs providing high-level intensity education services will ensure the immediate enrollment of new students. The learning objectives for each student will be included in a written education service plan that is developed in conjunction with the student's Individual Service Plan. Schools providing high intensity education services consistently meet MSDE standards for teacher certification and faculty to student ratios. Diagnostic Programs providing high intensity education services will ensure that the group home's recreation and socialization activities are appropriate for the environment.

IV. HEALTH AND MEDICAL SERVICES

At a minimum, routine pediatric medical and dental services provided in accordance with the requirements for Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) are available to all children living in diagnostic programs. Diagnostic programs also provide medical services for children with a very broad range of medical conditions. All programs that administer medication must have an RN delegating nurse/case manager and staff administering medication must be certified as medication technician in compliance with COMAR 10.27.11. The intensity of services provided is proportionate to the scope and severity of medical needs characteristics accepted by the diagnostic program. The intensity of medical services is influenced more by the severity of children's medical conditions than the range of medical conditions accepted.

LOW

Characteristics of Children Served:
Children for whom low intensity health and medical services are appropriate are "healthy children" without a history of acute or chronic medical needs characteristics. Like all children, they need to be seen by physicians at regularly prescribed intervals for "well child visits" and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care. They also need to be seen by dentists for regular check-ups, at least annually, and when they have complaints. Children served in low intensity health and medical services programs may have ongoing medical conditions, e.g., asthma that requires the use of inhalers but the conditions are under control with modest staff supervision and intervention. Programs providing low intensity health and medical services will occasionally have clients with conditions that meet the level of moderate intensity services, but these will be on an exceptional basis and only if the program can provide the level of service the individual child needs.

Program Structure and Staffing Model:
Diagnostic programs providing low intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT and which include policies governing medication administration and management. In accordance with applicable regulations, diagnostic programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Diagnostic programs providing low intensity medical services have the capacity to implement special diets when necessary to respond to short term illnesses and related treatment, e.g. tonsillectomy, dental surgery, orthodontia, etc. Low intensity health and medical services are provided entirely by health care providers in the community. Diagnostic programs are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Diagnostic programs providing low intensity health and medical services employ staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens.

MODERATE

Characteristics of Children Served:
Children for whom moderate intensity health and medical services are appropriate present with a broad spectrum of medical conditions that require consistent supervision and long-term medical treatment. The conditions or medical needs characteristics are listed in each program's provider profile. Like children who require low intensity health and medical services, they need to be seen by Doctors at regularly prescribed intervals for check-ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular check-ups, at least annually, and when they have complaints. Children requiring moderate intensity health and medical services often require special medical attention, e.g., blood level monitoring, insulin injections, the use of inhalers, special diets and close dietary monitoring.

Program Structure and Staffing Model:
Diagnostic programs providing moderate intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, Diagnostic programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Diagnostic programs providing moderate intensity medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment, e.g. childhood diabetes, eating disorders, life

threatening allergic reactions, etc. Moderate intensity health and medical services are most often provided by health care providers in the community; however, diagnostic programs providing this level of services will have on-site medical services provided by qualified medical personnel Diagnostic programs providing moderate health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Diagnostic programs providing moderate intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self-administration regimens. Diagnostic programs serving children who cannot self-administer their medications with supervision employ staff trained to administer medications to these children.

HIGH

Characteristics of Children Served:
Children for whom high intensity health and medical services are appropriate present with chronic and/or acute medical conditions that do not rise to the definition of "medically fragile." This includes such illnesses as HIV/AIDS, acute asthma, conditions that limit ambulation and conditions that require the supervised use of medical technologies. Such medical conditions require close and consistent supervision and long-term medical treatment. Medical needs characteristics served are listed in each group homes provider profile. Like children who require low and intermediate intensity health and medical services, they too need to be seen by physicians at regularly prescribed intervals for check- ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular check-ups, at least annually, and when they have complaints.

Program Structure and Staffing Model:
Diagnostic programs providing high intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, Diagnostic programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. These programs are highly structured and may use a medical model, able to care for technology dependent populations. Specialized equipment may also be available for medical emergencies but the program is not designed as an acute hospital setting. Diagnostic programs providing high intensity health and medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment. Diagnostic programs providing high intensity health and medical services employ or contract with a consulting physician who oversees the provision of medical services and supervises nurses, nurses' aides, medication technicians and all other medical staff employed by the group home.

Diagnostic programs providing high intensity health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Diagnostic programs providing high intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens.

V. FAMILY SUPPORT SERVICES

Family Services need to be provided for children in diagnostic programs based on their individual needs and circumstances. Among children placed in diagnostic programs, there is a continuum of family involvement ranging from no contact with family members to full family in most aspects of a child's care and treatment. Except in instances where family involvement is precluded by a Court order or a child's family refuses to have contact with the child, every diagnostic program must, at a minimum maintain ongoing communication with the child's family members, allow for and accommodate family visitation and permit and facilitate telephone and letter communication between the child and his/her family members. These actions do not constitute family services in the context of levels of program and services intensities. All diagnostic programs will provide a written description of the scope and intensity of the family services they offer available to all referral and placement agencies and to parents.

The intensity of family services offered in diagnostic programs is determined by the degree to which families are involved in assessments/evaluations of their children's needs, the scope of family services available and the extent to which parent/family involvement is encouraged and supported by the program. Levels of intensity are reflective of the scope and intensity of services routinely available and not necessarily the scope or intensity of services used by any particular family, recognizing that family availability and participation may vary widely among the families of children placed in group homes. At the highest level of intensity, family services interact with milieu services, clinical treatment services and education/special education services. Except in instances where children have no identified family members or where family members are precluded from participation by a Court order, group homes make continuous efforts actively involve parents and family members in an initial and periodic assessment of their children's needs and in their development of Individual Service Plans (ISP) and Individual Education Plans (IEP) where applicable and discharge plans.

Family services are provided by licensed and/or certified professionals and qualified paraprofessionals including: case managers, licensed therapists, licensed counselors, childcare workers and transportation aides. Services may be offered individually or in combination as determined to be needed in a client service plan.

The ***Characteristics of children*** for whom differing levels of family services are provided are not a primary factor in deciding the scope or intensity of services provided. Rather, decisions about the level and intensity of services are determined by the availability and willingness of parents/families to participate in the treatment of their

children and second, the capability or level of service offered by the diagnostic programs.

LOW

Program Structure and Staffing Model:
Diagnostic programs providing low intensity family services will provide a range of services designed to maintain the child's connection with his family while the child is in placement and during the transition from out-of-home care to family living. This includes facilitating family visits and allowing regularly scheduled phone calls. Diagnostic programs staff provide opportunities for children to interact with parents and siblings while their child is in care. As a part of their case management services, diagnostic programs help families identify and access community services (family counseling, parenting education or services needed by the child to transition from placement to home) needed to support timely reunification and successful treatment outcomes. Services also include referrals to family services providers.

MODERATE

Program Structure and Staffing Model:
In addition to services at a low intensity level, diagnostic programs providing moderate intensity family services will assess the family dynamics and provide individual and group family therapies and parenting education. Prior to a child's discharge, the diagnostic programs will help parents/placement agencies identify the appropriate school placement and other community based services and activities to assist in the enrollment into school and access services at the time of discharge. Diagnostic programs providing moderate level intensity family services will provide a higher level of case management and case planning, ensuring that the needs of parents/families related to reunification are identified in a written plan (the child's ISP or a separate Family Services Plan) and will assist parents/placement agencies in identifying the service resources they need. Diagnostic programs providing moderate level intensity family services will periodically provide opportunities for children and their families to engage in social or recreational activities provided by the diagnostic program.

HIGH

Program Structure and Staffing Model:
In addition to services at a low and moderate intensity levels, diagnostic programs providing high intensity family services will develop Family Service Plans (FSP) distinguishing the services to be provided by the diagnostic programs and those to be provided by other providers, (e.g., community-based mental health and/or substance abuse services, and/or supports related to housing, employment, etc.). These services will be designed to preserve, re-unify, or develop family relations. In addition to individual and family group therapies, high intensity family services will either provide recommendations and referrals to substance abuse counseling and treatment when indicated. High intensity family services include active and ongoing case management

services to the family that include assistance in identifying and accessing community services, (e.g., assistance with making appointments). In addition, they provide crisis management and coping skills that will provide the family with insight into maintaining the child in their care. High intensity family services also provide the family parenting classes.

Diagnostic programs providing high level family services have policies and mechanisms for inviting, and encouraging active family participation in their child's treatment. They also have policies to encourage parent/family involvement in the program as members of advisory groups, participants on quality assurance teams, and participation in milieu program activities. Prior to a child's discharge, the diagnostic programs will assist parents/families identify the appropriate school placement and other community based services and activities and will work with parents/families to ensure the timely enrollment of their children in school and enrollment/placement in community-based programs and services identified in the discharge plan. High intensity family services include formal, short term follow up - 30 to 60 days – to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes.

VI. SCORING MATRIX

Domain	High	Moderate	Low
24 hr Milieu Care &Supervision	12	X	X
Clinical Services	6	X	X
Education Services	3	2	X
Health/Medical Services	3	2	1
Family Support Services	4	3	2

DETP CHECKLIST

Care and Supervision

Directions: All diagnostic programs much meet the following four criteria. There are no options in this category for low or moderate for the care and supervision category.

Staff Secure (Eyes on supervision around the clock)
- ☐ High (3)

Staff Ratio of 1:3-1:4 during awake hours and 1:6 during overnight
- ☐ High (3)

24 hour access to crisis intervention
- ☐ High (3)

Highly structured, intensely supervised recreation and socialization activities
- ☐ High (3)

Care and Supervision Program Average_____

Care and Supervision Program Level of Intensity_____

Clinical Treatment Services

Directions: All diagnostic programs much meet the following two criteria. There are no options in this category for low or moderate for the clinical services category.

- ☐ High (3) Clinical Services will be provided on-site by licensed and/or certified professionals.

- ☐ High (3) Clinical Services available must include:

  - ✓ Case Management
  - ✓ Individual and group psychotherapy
  - ✓ Family Therapy/counseling
  - ✓ Psychiatry Services including medication management
  - ✓ Psychological Assessment/Evaluation; and
  - ✓ An array of other treatment approaches (e.g. cognitive behavioral therapy, restorative healing, etc.)
  - ✓ These services will be rendered based on the needs of the client, after an evaluation by the treatment team.

By totaling the numbers and dividing by two, you will come up with an average of three and a level of intensity of High for the category of Clinical Services.

Clinical Services Average_____

Clinical Services Level of Intensity_____

Educational Services

Directions: Please write corresponding number on the lines instead of a check mark. After completing the entire section, total your numbers and divide by the number of categories to find your score. If your score can be rounded to two, your program is **Moderate**, and if your score can be rounded to three, then your program is **High.**

Educational Setting

- ☐ ***Moderate (2)*** More than 50% of the clients in the diagnostic program attend school off grounds, whether they are enrolled in a public or non-public school program. There is an option for an on-site school for the clients enrolled in the diagnostic program.

- ☐ ***High (3)*** More than 50% of the clients in the diagnostic program attend the on-site school offered on the grounds of the diagnostic program.

School Support Services

- ☐ ***Low (1)*** Staff available to meet with teachers or school faculty if the child is having academic performance and/or behavioral issues within their school program, ensure timely enrollment of the child in school, be available to respond immediately to a behavior or medical crisis, provide homework supervision, provide transportation to and from school if necessary, and support the child's participation in extracurricular activities.

- ☐ ***Moderate (2)*** There is a designated staff liaison between the diagnostic program and the school to serve as an active participant in the child's education plan, ensure timely enrollment of the child in school, maintain regular contact with the teachers, be available to respond immediately to a behavior or medical crisis, arrange transportation to and from school if necessary, coordinate clinical, behavioral and educational issues into the treatment plans, provide school uniforms and other supplies as needed for the children, and augment school staff in providing supervision for extra-curricular activities.

- ☐ ***High (3)*** Ensure immediate enrollment of new students, the learning objectives for each student will be included in a written educational plan that is developed in conjunction with the individual service plan, supervise homework, and checking with the teachers to ensure that the children have completed their assignments. The diagnostic program must meet criteria for Low and Moderate in addition to the High to be considered High in the School Support area unless it is not

applicable (e.g. if 100% of the children are enrolled in the on-site school, providing transportation to the local public school would not be applicable).

Please total your score and divide by two to determine your program's level for Education.

Education Services Average_____

Education Services Level of Intensity_____

Health and Medical Services:

Directions: Please write corresponding number on the lines instead of a check mark. After completing the entire section, total your numbers and divide by the number of categories to find your score. If your score can be rounded to one, your program is Low. If your score can be rounded to two, your program is Moderate, and if your score can be rounded to three, then your program is High.

Professional Staffing

- ☐ ***Low (1)*** Liaisons established with community pediatricians/physician providers, dentists, nutritionist, etc. Employ staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens.

- ☐ ***Moderate (2)*** Medical services will most often be provided by health care providers in the community; however, diagnostic/evaluation programs providing this level of services will have on-site medical services provided by qualified medical personnel. Employ staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens. The program will ensure that all direct care staff have knowledge of the nature and severity of the medical needs of and treatment provided to the children placed with them.

- ☐ ***High (3)*** Program will have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. High intensity health and medical services employ or contract with a consulting physician who oversees the provision of medical services and supervises nurses, nurse's aides, medication technicians, and all other medical staff employed by the program. Employ staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens. The program will ensure that all direct care staff have knowledge of the nature and severity of the medical needs of and treatment provided to the children placed with them.

Medical Needs

- ☐ ***Low (1)*** Children with low intensity medical needs would be those children who are considered "healthy children" without a history of acute or chronic medical needs characteristics. They will need to be seen by doctors at regularly prescribed intervals for "well child" visits and periodically when they contract normal childhood illnesses. They have to be seen by the dentists for regular check-ups or when they have a complaint. The program would have the capacity to implement special diets for brief periods of time when necessary.

- ☐ ***Moderate (2)*** Children with moderate medical needs would be those children who present with a broad spectrum of medical conditions that require consistent supervision and long-term medical treatment. These children may require special medical attention such as blood level monitoring, insulin injections, use of inhalers, special diets and close dietary monitoring. These programs would have the ability to implement special diets for prolonged periods of time to respond to acute or chronic illnesses and related treatment. In addition, the program serving moderate medical needs would need to meet both the moderate and low intensity levels.

- ☐ ***High (3)*** Children with high intensity medical needs would be those children who present with chronic and/or acute medical conditions that do not rise to the definition of "medically fragile". This includes such illnesses as HIV/AIDS, acute asthma, etc. and may require close and consistent supervision and long-term medical treatment. These programs may use a medical model, are highly structured, and able to care for technology dependent populations. In addition, the program serving high medical needs would need to meet the high, moderate and low intensity levels.

*Programs do not need to have a specific number of children suffering from medical conditions to meet the requirements for high or moderate medical needs. The program just needs to have the ability and capacity to provide such services. In addition, if the program states that they provide medical services to children with specific medical conditions in their provide profile, they need to have the capacity and ability to serve that population.

Please total your score and divide by two to determine your program's level for Health and Medical Services.

Health and Medical Services Average_____

Health and Medical Services Level of Intensity_____

Family Support Services:

Directions: Please write corresponding number on the lines instead of a check mark. After completing the entire section, total your numbers and divide by the number of categories to find your score. If your score can be rounded to one, your program is Low. If your score can be rounded to two, your program is Moderate, and if your score can be rounded to three, then your program is High.

Services to Families

- ☐ ***Low (1)*** Accommodate and facilitate family visitation, permit and facilitate telephone and letter communication between the child and his/her family, and provide opportunities for children to interact with parents and siblings.

- ☐ ***Moderate (2)*** In addition to the services provided at the low intensity level, the provider will assess the family dynamics and provide individual and group family therapies and parenting education. The program will help families/parents identify community based services and activities if necessary to ensure continuity of services upon discharge. A higher level of case management services will be provided to ensure that the needs of the family are addressed. In addition, the program will periodically provide opportunities for children and their families to engage in social or recreational activities.

- ☐ ***High (3)*** In addition to the services provided at the low and moderate intensity level, the provider will develop Family Service Plans (FSP) distinguishing the services to be provided by other providers. In addition to the individual and family group therapies, high intensity family services will provide or ensure access to community services if needed. Active and ongoing case management services to the family will be offered. In addition, providers will offer crisis management and coping skills that will provide the family the tools and insight in maintaining the child in their care. Policies and mechanisms for inviting and encouraging active family participation in their child's treatment will be in place. Parenting classes will be offered and short term follow up (30-60 days) will be done in order to assist the family and the child with their connection to school and community-based services.

  Please place your score below to determine your program's level for Family Services.
  Family Support Services Average_____

  Family Support Services Level of Intensity_____

Program Staff Review & Approval: Date:

Licensing Agency Approval:

GROUP HOMES

The largest numbers of programs serving the largest number of children in out-of-home placements are large and small group homes. Small group homes are designed for 12 or fewer children, although they can have multiple units co-located at the same site. Large group homes provide for more than 12 children, typically at one site or in a campus-like setting. Group care programs in these classifications currently serve from 4 to 175 children. For the purpose of Levels of Intensity, these programs are categorized as group homes.

Group homes serve a heterogeneous population ranging from predominantly early teens thru young adults. Children served in group homes have significantly varied needs for care and supervision, individual and group treatment, recreation and socialization services, and the full range of available educational settings, because of factors ranging from:

- A broad range of cognitive abilities and functioning;
- Medical conditions ranging from the healthy child to children with chronic and/or acute needs that do not meet the definition of medically fragile;
- A broad spectrum of mental illness and emotional disturbances;
- Varied needs for general and special education services provide through State Department of Education approved public and nonpublic general and special education facilities including those which are operated as an integral part of some group home programs; and
- Behaviors ranging from age appropriate and responsive to community norms at one end of the continuum, to non-compliant, aggressive, assaultive, impulsive and/or dangerously compulsive or manipulative at the deep end of the behavior continuum.

Children are placed in group homes by, (in order of numbers and frequency): Local Departments of Social Services (LDSS) [because of abuse, neglect and/or abandonment], the Department of Juvenile Services (DJS) [because of a broad spectrum of delinquent behaviors] (many of the behaviors and treatment needs of adjudicated delinquents and children placed by LDSS are indistinguishable); Local Management Boards (LMB); Core Service Agencies (CSA) and Local School Systems (LSS). While the greatest number and percentage of children placed in group homes are Court committed to the custody of one or more public agencies, a small number of children whose parents have unlimited/unrestricted guardianship are in voluntary placements.

Although group homes have enough in common to merge them into a service type for the purpose of Levels of Intensity, they are by no means all alike. Differences are best understood by looking at the individual program profiles in combination with Levels of Intensity. These two separate but related constructs serve as tools for caseworkers and others seeking to match the needs of children with the most appropriate services available.

The intensity of services across domains varies among group homes. For example, one group home may provide high intensity care and supervision while offering low to moderate intensity services in other domains. These variations in the intensity of services offered are designed to respond to the needs of children served as an alternative to providing a narrowly defined set of services based on the type of program.

At the low end of the needs spectrum children are placed in group homes when less structured and restrictive options, (e.g. in-home care with wraparound services or traditional and treatment foster homes) cannot provide either the intensity of care and supervision needed, or an adequately integrated scope of treatment and education services or both. Group homes are sometimes the option of choice for children who require less supervision and care and have a lower need of treatment services, particularly when they are resistant to foster care or other more intimate family settings, (e.g., older children and adolescents who have had multiple failed placements) or who choose to be in group care settings.

At the high end of the needs spectrum children are placed in group homes because of challenging behaviors rising to a level of serious threat to self or others and/or treatment and education needs which are too great to be met in less structured and intensive service environments. At this end of the needs spectrum, children are placed when they do not need more highly structured and/or service intensive programs; (e.g., hospitalization, long-term treatment in a Residential Treatment Center (RTC/PTRF) or a secure residential facility for adjudicated delinquents).

In between the high and low ends of the spectrum children placed in group homes have quite varied needs across the five domains for which Levels of Intensity are established. The scope and intensity of services for each group home program and the spectrum of treatment and education services provided are more varied within individual programs in the group home category than is typical of programs in other categories. There is also less consistency in the scope and levels of intensity across domains among group homes. For example a group home that provides the highest level of care and supervision, but the lowest level of clinical treatment and medical services or one that provides high intensity medical services but low intensity care and supervision.

There are two important tenants inherent in the established Level of Intensity for group homes:

- The Level of Intensity in any domain is to be reflective of the capability of the program to meet the needs of the majority of children served, Programs with the capability to provide services at any Level of Intensity should be able to demonstrate that they can capably provide services at each lower Level of Intensity in accordance with intensity definitions for the five domains for which Level of Intensity have been established.
- Children who require higher levels of care and supervision at the time of placement who progress to a point where they need less care and supervision do not necessarily require a change in placement nor is the provider required to continue an unnecessarily restrictive care and supervision regimen.

*****For Group Homes providing Mother Baby services also review and complete the Group Home Addendum for Teen Mother Programs. The addendum can be found immediately following this section.**

I. TWENTY- FOUR HOUR MILIEU CARE AND SUPERVISION

The scope and intensity of care and supervision (milieu services) offered in group homes will vary based on the abilities, disabilities and functioning of children referred to and placed. In all group homes, the milieu or residential environment must provide, at a minimum; adequate supervision, recreation, socialization and transition services in a nurturing, culturally sensitive environment that enables and supports children's participation in needed treatment and educational services.

Staffing intensity and the scope and intensity of milieu program services is proportionate to the needs of children served. In all cases, staffing and service intensity is sufficient to ensure the maintenance of a safe and therapeutic environment. The nature of children's service needs and disabilities (physical, mental/emotional and social) are not the principal factor determining the appropriate level of milieu program intensity. Instead, this determination is based on a child's need for structure, supervision and access to treatment.

Recreation and socialization activities essential to growth and development are an assumed part of every adequate milieu program. All group homes must offer a range of activities appropriate to the ages, developmental levels, and physical and social skill strengths and deficits of children served. Recreation and socialization services at all levels of intensity must minimize unstructured free time and teach children how to find and access recreation and cultural activities and make productive use of leisure time. Program offerings range from participation in readily available recreation and cultural activities in the community at the least intensive end of the service spectrum, to therapeutic recreation and socialization services provided and/or supervised by certified professionals as part of an overall treatment plan at the opposite end of the intensity continuum.

Transition services, defined as training and experiential learning activities, i.e., life skills training intended to foster self reliance and age appropriate independence, must also be an integral part of all group home programs. Although differentiated from clinical strategies and interventions, milieu program transition services and activities relate to and support long term goals, assisting children in making the transition to home, to the next planned placement, or to independent living. The provider should have a written plan describing how its supervision and care services will enable the youth enrolled to develop, to the best of their abilities, independent living skills. Maryland's Ready By 21 Action Plan can be utilized by providers as a resource. The written plan should be realistic, measurable and executable.

The nature of transition services varies among group homes depending on the needs of children individually and in certain homogenous groupings depending on variables

including, disabilities, cognitive functioning, and atypical or deviant behaviors. Generally, the level and intensity of transition services will correspond with the overall level of milieu program intensity. Milieu programs at all Level of Intensity must offer transition services responsive to the developmental needs of clients served.

The scope of care and supervision provided in all group homes includes the maintenance of a safe environment, ensuring that adequate shelter, food, clothing, transportation and other basic life needs are met and providing parenting functions consistent with the ages and developmental needs of children in care. The intensity of care and supervision ranges from staff secure (eyes-on supervision around the clock) and architecturally enhanced supervision capabilities at the most restrictive end of the spectrum, to the maintenance of a minimally restrictive, most home/family-like therapeutic environment at the other end. Among the group homes licensed, there are significant variations in the structure, organization and staffing of programs. They are distinguished by four Levels of Intensity for care and supervision as follows:

LOW

Characteristics of Children Served:
Regardless of diagnosis or reasons for placement, children who require low intensity care and supervision are those whose need for structure and supervision typically exceeds that which is available in less structured settings, e.g., foster care, or whose needs are better met in a group setting as opposed to the intimacy of a family setting. Their need for supervision and direction related to school and other community involvements requires little more support than is available in less structured settings (Typically such children can spend some time in the community, beyond school, without direct adult supervision). Children for whom low level care and supervision is appropriate are not a threat to themselves or others and they are not flight risks.

These may be children who need short term residential placement prior to transitioning to a less restrictive environment, e.g., foster care, reunification with family or aging out to independent living. This may include those who have been “stepped-down” from more restrictive levels of care.

Children who require low intensity care and supervision will most often have minimal/low level treatment needs, which can be met on an outpatient basis and attend school regularly with minor and infrequent behavioral difficulties. Children for whom low level intensity care and supervision is appropriate include children with easily managed developmental disabilities and mild cognitive limitations, e.g., children who are identified as high functioning within the range of developmental disabilities.

The behavioral characteristics of children for whom low level intensity care and supervision is appropriate include but are not limited to:

- Low self-esteem
- Poor peer relationship
- Verbally oppositional at times including occasional temper tantrums

- Frequently sad
- Withdrawn or overly clingy
- Difficulty attaching or forming helpful relationships
- Difficulty following rules without frequent/repeated prompting (includes children with attention deficits)
- Age inappropriate expression of emotions and behaviors

Program Structure and Staffing Model:
Programs providing low intensity care and supervision are the most home/family like in terms of structure and nature of supervision. In these programs, children have the freedom, with consideration for their ages and the nature of their abilities and disabilities, to walk to school, participate in extracurricular school activities, visit friends in the community and play with neighbor children without direct staff supervision, hold jobs in the community, etc. Staffing ratios and the deployment of staff will ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs.

MODERATE

Characteristics of Children Served:
Children who require a predictable and consistent structure with clear rules and a level of supervision necessary to ensure compliant behavior and participation in the full range of prescribed treatment, education, recreation and socialization activities. Often, such children have failed to acclimate to the expectations of less structured foster and group care settings or are assessed to need this level of care and supervision. Children needing moderate intensity care and supervision include those who act out excessively in less structured environments, are not able to navigate between activities of daily living without assistance, and whose behavior, while not presenting serious risks to self or others, nevertheless requires consistent supervision. Children with developmental disabilities and cognitive functioning limitations whose behaviors are consistent with those identified below are appropriate candidates for Moderate Intensity Care and Supervision. The behavioral characteristics of children for whom moderate level intensity care and supervision is appropriate include but are not limited to:

- Low self-esteem;
- Poor impulse control;
- Poor relationships with peers and adults;
- Difficulty attaching or forming helpful relationships;
- Oppositional behavior including occasional temper tantrums;
- Behaviors that require frequent redirection;
- Withdrawn with tendencies toward depression;
- Difficulty following rules without frequent/repeated prompting (includes children with attention deficits);
- Age inappropriate expression of emotions and behaviors;
- Children who are flight risks but who have not put the community or other children at risk because of this behavior;

- Children who are likely to confine their acting out behavior to home or to school based on circumstances.
- Lying and stealing
- Sexually acting out behavior (This level of care can pertain to children with indiscriminate sexual behavior, risky sexual behavior, etc. Group home care and supervision at all levels of intensity accept and work with children should be able to provide services to children manifesting these behaviors.

Program Structure and Staffing Model:
Programs providing moderate intensity care and supervision have a structured milieu with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior. Programs providing moderate level care and supervision are structured to vary the intensity of supervision to correspond to the needs of individual children and their responsiveness to the structure and behavioral expectations of the milieu and their participation in school, treatment, recreation and socialization activities.

Depending on their level of development and responsiveness to structure, children may have the freedom, with consideration for their ages and the nature of their abilities and disabilities, to walk to school, participate in extracurricular school activities, visit friends in the community and play with neighbor children without direct staff supervision. They may also hold jobs in the community. However, staffing ratios and the deployment of staff will be sufficient to provide close and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs. This level of care is responsive to the individual child's behavioral needs to the extent that the program is flexible enough to modify program procedures to restrict the above freedoms on a temporary basis.

Programs providing a moderate level of care and supervision may occasionally employ the use of one-on-one interventions to deal with short term crises that threaten continued placement or that are necessary to help a child acclimate to the new activities or treatment regimens. One-on-one services are not typically available as an integral part of programs providing moderate intensity care and supervision.

INTERMEDIATE

Characteristics of Children Served:
Children who require an intermediate level intensity of care and supervision require a highly structured environment and close supervision at all times because of their behaviors or the severity of their disabilities. Most often, children requiring intermediate level care and supervision have failed to acclimate to the expectations of less structured group care settings or have been determined upon assessment to need this level of

care and supervision. This includes children with histories of hospitalization and Residential Treatment Center (RTC) placements. Children needing intermediate intensity care and supervision include those who act out consistently, are not able to navigate between activities of daily living without assistance and whose behaviors present risks to themselves and others. Children with serious developmental disabilities and significant cognitive functioning limitations whose behaviors are consistent with those identified below are appropriate candidates for Intermediate Intensity Care and Supervision.

Intermediate level care and supervision is provided for children who have exceptional mental health treatment needs, atypical medical needs, atypical educational support needs, mild to moderate developmental delays or disabilities or some combination of the above. These children require close attention and a more individualized approach to care and supervision, or supervision that is typical of a clinical rather than behavioral milieu.

Intermediate level care and supervision is also provided for children who require close supervision because of acting out behavior which does pose a significant risk or threat to the safety of self and/or others in a behavioral milieu which includes and balances individual and group treatment and supervision regimens. The behavioral characteristics of children for whom intermediate level intensity care and supervision is appropriate include but are not limited to:

- Low self-esteem;
- Impulsive risk taking behaviors;
- History of significant or prolonged mental health treatment/hospitalization.
- History of suicidal and/or homicidal ideation without a plan
- Depression;
- Suicidal Ideation;
- History of self injurious behavior
- Manipulative/triangulating behaviors;
- Compulsive stealing;
- Compulsive lying;
- Sexual acting out;
- Experimenting with drugs/alcohol;
- Gender identification issues;
- Poor impulse control;
- Poor relationships with peers and adults;
- Difficulty attaching or forming helpful relationships;
- Oppositional and defiant behavior;
- Verbal and/or physical aggression toward peers and/or adults;
- Behaviors that require frequent redirection;
- Withdrawn or Socially isolated;
- Consistent difficulty following rules without frequent/repeated prompting (includes children with attention deficits);
- Age inappropriate expression of emotions and behaviors;

- Children with histories of running away and who have or may put themselves or the community at risk because of this behavior;

Program Structure and Staffing Model:
Programs providing intermediate intensity care and supervision have highly structured, milieu programs with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior.

Twenty-four hour staff supervision is intensive including staffing necessary to support children's participation in education and treatment activities within and outside of the program's facilities.

Programs of intermediate level care and supervision are largely self-contained, providing most or all of their services as integral parts of the larger program. Some intermediate level care and supervision programs operate on-grounds schools. Those that do not provide extraordinary supervision and supports for children who attend public or off-grounds nonpublic schools.

Programs providing intermediate level care and supervision are structured to vary the intensity of supervision to correspond to the individualized needs of children and their individual responses to the structure and behavioral expectations of the milieu and their participation in school, treatment, recreation and socialization activities. As with moderate level care and supervision, children may, depending on their level of development and responsiveness to structure and with consideration for their ages and the nature of their abilities and disabilities, participate in extracurricular school activities, and engage in activities in the community with modified supervision regimens.

Staffing ratios and the deployment of staff will be sufficient to provide close and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs. Programs providing an intermediate level of care and supervision will employ the use of one-on-one interventions to assist children in acclimating to daily routines, the requirements of education and treatment regimens and to deal with short term crises that threaten continued placement. One-on-one services may or may not be available as an integral part of programs providing intermediate intensity care and supervision. Typically the level of care and supervision needed requires the availability of treatment and recreation services within the program but clients may also be appropriate to receive services in the community.

HIGH

Characteristics of Children Served:
Because of diagnosis and/or extreme maladaptive behaviors, children who require high intensity care and supervision are those who need either or both a highly structured milieu and intense supervision. Children in highly structured, supervision intensive milieu programs exhibit extreme disruptive, maladaptive and delinquent behaviors and pose a clear threat to their own safety or the safety of others. Typically, they require intense around the clock supervision and immediately available crisis intervention, including access to supervised time out. Therapeutic or adaptive recreation and socialization services consistent with the needs of the children served by the program are available within the milieu. Over-night supervision must be sufficient to deal with individual and group behavioral crisis. Other children who require intense supervision, but not necessarily a highly structured milieu include children with serious mental illness who experience episodic psychosis, severe depression, and/or suicidal behavior, and children with medical conditions that require close monitoring but do not meet the definition of "medically fragile." The behavioral and treatment needs characteristics of children for whom high intensity care and supervision is required include but are not limited to:

- A history of psychiatric hospitalization or prolonged, intensive psychiatric treatment;
- Children with severe to profound developmental disabilities including but not limited to those with secondary diagnosis, e.g., autism, mental illness, extreme behaviors, etc.;
- A history of serious and prolonged delinquent behavior resulting in loss or injury to others;
- Children with a high potential for, or history of harm to self and others;
- Children who engage in dangerous behaviors, e.g. fires setting, aggressive/predatory sexual behavior;

Program Structure and Staffing Model:
For children with challenging behaviors, programs provide staff secure settings which may include architectural features such as alarms, motion detectors and/or security cameras in common indoor and outdoor areas (staff secure means high ratio of staff to children, ranging from 1:3 to - 1:4 which permits constant 24 hour supervision, i.e., children are always visible to supervising staff, and the capability for periodic one-on-one supervision and support as an integral part of program staffing. Programs providing high intensity care and supervision for such children have 24 hour access to crisis intervention provided by staff who is specially trained and which allow children in crisis to be removed to an alternative location (not to be construed as seclusion). For children with developmental disabilities, mental illness and serious medical conditions, high intensity care and supervision are provided through a high staff to child ratio (1:1 to 1:3) by staff that are specially trained and qualified. The staffing model permits 24 hour supervision (children are always visible to supervising staff) and the capability for periodic one-on-one supervision and support as an integral part of program staffing.

Typically, but not exclusively, children who need high intensity care and supervision will attend on ground schools, self contained public or private education programs, alternative schools, or nonpublic special education facilities and will have their clinical treatment needs met within the facilities where they are placed. Consistent with the needs of children requiring high intensity supervision, the program offer highly structured and intensely supervised recreation and socialization activities within the program. Programs providing high intensity care and supervision must have a written description of their recreation and socialization services which identifies a scope of activities that meets the requirements outlined above and describes the scope and intensity of staffing used to implement such programs. Programs providing high intensity care and supervision must also have the ability to maintain intensive supervision for children when they are involved in community-based education, medical/dental appointments, clinical treatment and any other activities required by their individual service plans.

II. CLINICAL TREATMENT SERVICES

The intensity of clinical treatment services offered in group homes is determined by the scope of professional services available, the setting(s) in which they are offered, and the degree to which they are interactive with milieu treatment services, education/special education services and/or other treatment services.

The appropriate Level of Intensity for clinical treatment services is determined by the scope and complexity of their diagnosed need for treatment and not by the nature of their residential placement. Thus, a child placed in a program providing a low level intensity of care and supervision may require high intensity clinical treatment services.
Clinical treatment services include services provided by licensed and/or certified professionals.

Services may be offered individually or in combination as determined to be needed in a client service plan. Services typically available include any of, or a combination of the following:

- Case Management;
- Individual and group psychotherapy;
- Professional counseling;
- Family therapy/counseling;
- Cognitive behavioral therapies
- Expressive therapies;
- Pharmacology;
- Medication management;
- Psychiatry; and
- Psychological Assessment/Evaluation;

LOW

Characteristics of Children Served:
Children for whom low intensity clinical treatment services are appropriate include those whose needs can be met on an out-patient basis. This includes children who, in spite of their diagnosis and treatment needs, can function with low level care and supervision and who typically comply with their prescribed treatment regimen. Low level intensity clinical treatment services are appropriate for children in a behavioral milieu who do not have a diagnosed mental illness and serious emotional disturbance. This circumstance would be most typical of a group home serving delinquent youth. Low level intensity clinical treatment services are also appropriate for children with severe to profound developmental disabilities and cognitive functioning limitations.

Program Structure and Staffing Model:
Services are provided on an out-patient basis in the community where the child lives. Treatment is adjunctive and is provided in support of the child's group home placement and the goals of their individual service plan. Services are available on the same basis as for a child living at home with their family or a child in traditional family foster care. With the exception of case management, licensed and/or certified professionals in the community provide services.

MODERATE

Characteristics of Children Served:
Children for whom moderate intensity clinical treatment services are appropriate include children with mental illness, moderate to severe emotional disturbances, social development deficits that will respond to clinical treatment interventions. Moderate intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment, and an ongoing regimen of therapies for all or a significant period of time related to the reasons for their group home placement. It would not be uncommon for children in this moderate intensity level to require the administration of psychotropic medications with corresponding medication management. Moderate level intensity clinical treatment services may be appropriate for children in a behavioral milieu when there are indications that such treatment will contribute to the goals of the placement.

Program Structure and Staffing Model:
Services are largely though not exclusively provided as an integral part of the group home program by staff and paid consultants. At a minimum, group homes providing moderate level intensity clinical services will provide case management services and individual and group therapies provided by qualified therapists under the supervision of a Clinical Manager/Director and in conjunction with a Psychiatrist. Psychological assessment/evaluation services and pharmacology services may be provided on an outpatient basis, but must be available. Moderate intensity clinical treatment services are an essential element of programs serving children with diagnosed mental illness and serious emotional disturbances. Individual service plans integrate clinical and

behavioral intervention strategies and identify the roles played by both the child and youth care staff to facilitate the child's involvement in treatment services.

HIGH

Characteristics of Children Served:
Children for whom high intensity clinical treatment services are appropriate consist of children with chronic mental illness including histories of psychiatric hospitalizations and/or placements in Residential Treatment Centers (RTC's) and children with severe emotional disturbances. High intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for their group home placement.

Among children who need high intensity clinical treatment services, there will be a higher incidence of need for psychotropic medications and related pharmacology services. High intensity clinical treatment services may be appropriate for children in a behavioral milieu when there are indications that such treatment will contribute to the goals of the placement.

Program Structure and Staffing Model:
Services provided by paid staff and consultants are available as in integral part of the group home program. At a minimum, group homes providing high intensity clinical treatment services will provide case management services, individual and group therapies as integral parts of programming provided by qualified therapists under the supervision of a Clinical Manager/Director and in conjunction with a Psychiatrist. Psychological assessment/evaluation services may be provided on an outpatient basis, but must be available.

High intensity clinical treatment services are an essential element of programs serving children with serious and chronic mental illness and severe emotional disturbances. Individual service plans must integrate clinical treatment and behavioral intervention strategies and identify the roles played by the child and youth care staff to facilitate the child's involvement in treatment services.

III. EDUCATION SERVICES

Group homes provide access to education services for all children of mandatory school age up to age 21 for special education students who have not earned a secondary school diploma, generally equivalency diploma, or certificate of completion. Education services are provided in the least restrictive setting consistent with the students educational and treatment needs. The provider should have a written plan and policies describing how its educational, vocational and/or transitional services will enable the youth enrolled to be prepared for life beyond public education. Maryland's Ready By 21 Action Plan can be used by providers as a resource. The written plan should be realistic, measurable and executable.

While children's education needs and placements will be influenced or determined by the scope and intensity of service required in other domains, e.g., care and supervision, enrollment in public schools should be the options of choice whenever possible. Options available to children in group homes include: public elementary and secondary schools providing both general and special educations programs; public schools for children with developmental disabilities; nonpublic general education schools approved by the Maryland State Department of Education (MSDE) or job training centers operated by the group home (typically, these are on-grounds schools operated as an integral part of the group home program); and nonpublic special education facilities, also approved by the MSDE.

LOW

Characteristics of Children Served:
Children for whom low intensity education services are appropriate are typically compliant with the academic and behavioral expectations of the schools in which they are enrolled. The level of staff support needed by such students is generally consistent with that provided by parents/foster parents who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise. Children who are appropriate for low intensity education services can typically participate in classroom and extracurricular activities with a level of adult supervision and support consistent with their school peers.

Program Structure and Staffing Model:
Children receiving low level education services are enrolled in public schools, including some with special education programs designed to respond to cognitive or other learning disabilities. At a minimum, group home staff will ensure their timely enrollment, maintain regular contact with their teachers, be available to respond immediately to a behavioral or medical crisis, set aside a period in their daily schedule for supervised homework and support their participation in extracurricular activities, providing transportation when necessary.

MODERATE

Characteristics of Children Served:
Children for whom moderate intensity education services are appropriate include those with school phobias, histories of truancy and other school related discipline problems that resulted in frequent detention and/or suspensions and children in special education because of a diagnosed mental illness, serious emotional disturbance or developmental disability. Children for whom moderate level intensity education services are appropriate include those who require ongoing group home staff support to sustain their enrollment and ensure academic progress. These children typically require consistent support from designated group home staff who take a strong interest in their children's education,

who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise.

Program Structure and Staffing Model:
Children for whom moderate intensity education services are appropriate are enrolled in public schools and MSDE approved nonpublic general and special education schools, and GED programs including some with special education programs equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities. At a minimum, group homes providing moderate level intensity education services will have a designated staff liaison between the group home and the school, which will ensure the timely enrollment of new students, maintain regular contact with their teachers and be available to respond immediately to a behavioral or medical crisis. Group home staff set aside a period in their daily schedule for supervised homework and will monitor the completion of homework assignments checking frequently with teachers to ensure that students are completing assignments. For students receiving moderate level intensity education services who participate in extracurricular activities, group home staff will augment school faculty/staff supervision, maintaining regular contact with coaches and/or other faculty, ensuring that children who remain at school beyond the regular school day are where they are supposed to be and providing transportation when necessary.

HIGH

Characteristics of Children Served:
Children for whom high intensity education services are appropriate include those who present with serious and persistent behavioral problems characterized by frequent suspensions and/ or expulsion and children in special education who, for the most part, cannot be mainstreamed because of the severity of their maladaptive behavior and/or the extent of their mental illness, serious emotional disturbance or developmental disability. Children who are appropriate for high intensity education services typically require additional staff support in the school/classroom, e.g., behavioral aides, tutors, etc.

Program Structure and Staffing Model:
Children for whom high intensity education services are appropriate are enrolled in on-grounds MSDE approved nonpublic general and special education schools, GED programs or job training centers operated by the group home. Such schools are equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities.

These on-ground schools are an integral part of the larger group home program. At a minimum, group homes providing high level intensity education services will ensure the immediate enrollment of new students. The learning objectives for each student will be included in a written education service plan that is developed in conjunction with the student's Individual Service Plan.

Schools providing high intensity education services consistently meet MSDE standards for teacher certification and faculty to student ratios. Group home staff responsible for care and supervision beyond the school day will set aside a period in their daily schedule for supervised homework and will monitor the completion of homework assignments checking frequently with teachers to ensure that students are completing assignments. Schools providing high intensity education services will ensure that the group home's recreation and socialization activities approximate the nature and purpose of extracurricular activities available to children enrolled in public schools.

IV. HEALTH AND MEDICAL SERVICES

At a minimum, routine pediatric medical and dental services provided in accordance with the requirements for Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) are available to all children living in group homes. Group homes provide medical services for children with a very broad range of medical conditions. All programs that administer medication in-house must have a Registered Nurse doing so or have Medication Administration trained staff doing so under a Registered Nurses' supervision and in compliance with COMAR 10.27.11. The intensity of services provided is proportionate to the scope and severity of medical needs characteristics accepted by the group home. The intensity of medical services is influenced more by the severity of children's medical conditions than the range of medical conditions accepted. Differentiation between the levels also includes review of the type of medical services provide and accessibility of those services.

LOW

Characteristics of Children Served:
Children for whom low intensity health and medical services are appropriate are "healthy children" without a history of acute or chronic medical needs characteristics. Like all children, they need to be seen by Doctors at regularly prescribed intervals for "well child visits" and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care. They also need to be seen by dentists for regular check-ups, at least annually, and when they have complaints. Children served in low intensity health and medical services programs may have ongoing medical conditions, i.e., asthma that requires the use of inhalers but the conditions are under control with modest staff supervision and intervention. Programs providing low intensity health and medical services will occasionally have clients with conditions that meet the level of moderate intensity services, but these will be on an exceptional basis and only if the program can provide the level of service the individual child needs.

Program Structure and Staffing Model:
Group homes providing low intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT and which include policies governing medication administration and management. In accordance with applicable regulations, group homes have

agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Group homes providing low intensity medical services have the capacity to implement special diets for brief periods of time when necessary to respond to short term illnesses and related treatment, e.g. tonsillectomy, dental surgery, orthodontia, etc. Low intensity health and medical services are provided entirely by health care providers in the community. Group homes are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Group homes providing low intensity health and medical services employ staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens.

MODERATE

Characteristics of Children Served:
Children for whom moderate intensity health and medical services are appropriate present with a broad spectrum of medical conditions that require consistent supervision and long-term medical treatment. The conditions or medical needs characteristics are listed in each group homes provider profile. Like children who require low intensity health and medical services, they need to be seen by Doctors at regularly prescribed intervals for check-ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular check-ups, at least annually, and when they have complaints. Children requiring moderate intensity health and medical services often require special medical attention, e.g., blood level monitoring, insulin injections, the use of inhalers, special diets and close dietary monitoring. Children with conditions like enuresis need understanding support from staff that provides care and supervision.

Program Structure and Staffing Model:
Group homes providing moderate intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, group homes have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Group homes providing moderate intensity medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment, e.g. childhood diabetes, eating disorders, life threatening allergic reactions, etc.

Moderate intensity health and medical services are most often provided by health care providers in the community; however, group homes providing this level of services will have a contractual relationship with a consulting physician who will oversee the provision of medical services. Group homes providing moderate health and medical

services also employ or contract with a nurse(s) or other qualified medical staff whose qualifications are commensurate with the medical needs characteristics of children served by the group home. Group homes providing moderate health and medical services are responsible for maintaining records of appointments with doctors, dentist and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Group homes providing moderate intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self-administration regimens. Group homes serving children who cannot self-administer their medications with supervision employ staff trained to administer medications to these children. Programs providing moderate health and medical services ensure that all direct care staff have knowledge of the nature and severity of the medical needs of and treatment provided to children placed with them.

HIGH

Characteristics Of Children Served:
Children for whom high intensity health and medical services are appropriate present with chronic and/or acute medical conditions that do not rise to the definition of "medically fragile." This includes such illnesses as HIV/AIDS, acute asthma, conditions that limit ambulation and conditions that require the supervised use of medical technologies. Such medical conditions require close and consistent supervision and long-term medical treatment. Medical needs characteristics served are listed in each group homes provider profile. Like children who require low and intermediate intensity health and medical services, they too need to be seen by Doctors at regularly prescribed intervals for check-ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular checkups, at least annually, and when they have complaints. Children with chronic and/or acute medical conditions need, in addition to medical treatment, understanding support from staff that provide care and supervision.

Program Structure and Staffing Model:
Group homes providing high intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, group homes have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Group homes providing high intensity health and medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment. Group homes providing high intensity health and medical services employ or contract with a consulting physician who oversees the provision of medical services and supervises nurses, nurse's aides, medication technicians and all other medical staff employed by the group home. Group homes providing high intensity health and medical

services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Group homes providing high intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self-administration regimens. Group homes serving children who cannot self-administer their medications with supervision employ staff trained to administer medications to these children.

V. FAMILY SERVICES

Family Services need to be provided for children in-group homes based on their individual needs and circumstances. Among children placed in-group homes, there is a continuum of family involvement ranging from no contact with family members to full family in most aspects of a child's care and treatment. Except in instances where family involvement is precluded by a Court order or a child's family refuses to have contact with the child, every group home must, at a minimum maintain ongoing communication with the child's family members, allow for and accommodate family visitation and permit and facilitate telephone and letter communication between the child and his/her family members. These actions do not constitute family services in the context of levels of program and services intensities. All group homes will provide a written description of the scope and intensity of the family services they offer available to all referral and placement agencies and to parents.

As a part of the Family Centered Practice initiative, group homes will need to demonstrate that a comprehensive plan for family engagement is implemented in their program and utilized with each child except in those situations whereby the family involvement is precluded by Court order or the family's refusal to participate. The Family Centered Practice must include engaging the family including those individuals identified by the youth as family in planning and decision making with regard to the safety, well-being and permanency of the youth in care. Family inclusion should be visible within service provision, case management and all decision making junctures with emphasis on crucial changes that may impact the youth's continuum of services. Involvement of the community partners and collateral services such as legal, advocacy is required in the decision making process. As a part of the Family Centered Practice, the group home record must demonstrate that actions were taken to include family and collateral members in decision making and outcomes of these processes.

The intensity of family services offered in group homes is determined by the degree to which families are involved in assessments/evaluations of their children's needs, the scope of family services available and the extent to which parent/family involvement is encouraged and supported by the program. Levels of intensity are reflective of the scope and intensity of services routinely available and not necessarily the scope or intensity of services used by any particular family, recognizing that family availability and participation may vary widely among the families of children placed in-group homes. At the highest level of intensity, family services interact with milieu services, clinical treatment services and education/special education services. Except in

instances where children have no identified family members or where family members are precluded from participation by a Court order, group homes make continuous efforts to actively involve parents and family members in an initial and periodic assessment of their children's needs and in their development of Individual Service Plans (ISP) and Individual Education Plans (IEP) where applicable and discharge plans. Family services are provided by licensed and/or certified professionals and qualified paraprofessionals including: case managers, licensed therapists, licensed counselors, childcare workers and transportation aides. Services may be offered individually or in combination as determined to be needed in a client service plan.

All Levels – LOW, MODERATE, HIGH

Characteristics of Children:
The traits of the children serves and for whom differing levels of family services are provided are not a primary factor in deciding the scope or intensity of services provided. Rather, decisions about the level and intensity of services are determined by the availability and willingness of parents/families to participate in the treatment of their children and second, the capability or level of service offered by the group home, as well as whether family involvement is clinically indicated at that time.

For the Family Services section, the Characteristics of Children is the same for all four levels and is typically available including any of, or a combination of the following.

LOW

Program Structure and Staffing Model:
Group homes providing low intensity family services will provide a range of services designed to maintain the child's connection with his family while the child is in placement and during the transition from out-of-home care to family living. The youth's biological or identified family and other collateral representatives will be included in the planning and decision making activities as required by Family Centered Practice. The program provides evidence that policies and procedures for Family Centered Practice are in place to encourage inclusive case planning and to monitor service provision compliancy. Group home staff provides opportunities for children to interact with parents and siblings and coordinate services for the family while their child is in care. As a part of their case management services, group homes help families identify and access community services (family counseling, parenting education or services needed by the child to transition from placement to home) needed to support timely reunification and successful treatment outcomes.

MODERATE

Program Structure and Staffing Model:
In addition to services at a low intensity level, group homes providing moderate intensity family services provide individual and group family therapies and parenting education especially with regard to learning more effective parenting strategies and psycho-education regarding indicated diagnosis. Prior to a child's discharge, the group home will help parents/families identify the appropriate school placement and other community based services and activities and, with the appropriate consents, ensure that information needed to enroll in school and access services is available at the time of discharge. Group homes providing moderate level intensity family services will provide a higher level of case management and case planning, ensuring that the needs of parents/families related to reunification are identified in a written plan (the child's ISP or a separate Family Services Plan) and will assist parents/families in identifying the service resources they need. Group homes providing moderate level intensity family services will periodically provide opportunities for children and their families to engage in social or recreational activities provided by the group home.

HIGH

Program Structure and Staffing Model:
In addition to services at a low and moderate intensity levels, group homes providing high intensity family services will develop Family Service Plans (FSP) distinguishing the services to be provided by the group home and those to be provided by other providers, e.g., community-based mental health and/or substance abuse services, and/or supports related to housing, employment, etc. In addition to individual and family group therapies, high intensity family services will either provide or ensure access to substance abuse counseling and treatment. High intensity family services include active and ongoing case management services to the family that include assistance in identifying and accessing community services, e.g., assistance with making appointments. They also have policies and mechanisms to ensure parent/family involvement in the program as members of advisory groups, participants on quality assurance teams, and participation in milieu program activities. Prior to a child's discharge, the group home will help parents/families identify the appropriate school placement and other community based services and activities and will work with parents/families to ensure the timely enrollment of their children in school and enrollment/placement in community-based programs and services identified in the discharge plan. High intensity family services upon the youth's discharge include formal, short term follow up - 30 to 60 days – to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes.

VI. SCORING MATRIX

Domain	Low	Moderate	Intermediate	High
24 hr Milieu Care &Supervision	14	18	22	26
Clinical Services	1	4	X	7
Education Services	1	4	X	6
Health/Medical Services	1	3	X	6
Family Support Services	1	3	X	6

GROUP HOME CHECKLIST

Directions

Providers must meet all of the criteria for that level of intensity to be considered as the level of services provided, (i.e. a submission indicating the provision of high intensity services, all criteria for high must be met; or for moderate, all criteria for moderate must be met, not necessarily inclusive off all lower criteria.

Care and Supervision

Low Intensity Care/Supervision

- ☐ Program serves children who are not a threat to themselves or others and they are not flight risk, and who can spend time in the community with direct adult supervision appropriate to their ages and abilities/disabilities.

- ☐ Program serves children who have the freedom, with consideration for their ages and the nature of their abilities and disabilities, to walk to school, participate in extracurricular school activities, visit friends in the community and play with neighborhood children without direct staff supervision, hold jobs in the community, etc.

- ☐ Program has staff and a protocol to deploy staff to ensure that children are involved in all prescribed treatment and adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs.

- ☐ Provider has a written plan and policies addressing the development of independent living skills specific to the needs of their population.

Moderate Intensity Care/Supervision

- ☐ Program has a structured milieu with significant focus on behavior modification.
- ☐ Program has well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior.
- ☐ Program is structured to vary the intensity of supervision to correspond to the needs of individual children
- ☐ Program has staff and a protocol to sufficiently provide close and consistent supervision
- ☐ Program has the level of care/supervision responsive to individual behavioral needs and is flexible enough to modify and limit freedoms on a temporary basis.
- ☐ Program occasionally uses one-on-one interventions to deal with short-term crises that threaten continued placement or that are necessary to help a child acclimate to the new activities or treatment regimens. (One-on-one services are not typically available as an integral part of program).
- ☐ Provider has a written plan and policies addressing the development of independent living skills specific to the needs of their population.

Intermediate Intensity Care/Supervision

- ☐ Program has a highly structured, milieu with daily routines and where children receive close supervision at all times.
- ☐ Program has twenty-four hour staff intensive supervision that includes the staffing necessary to support children's participation in education and treatment activities within and outside of the program's facilities.
- ☐ Program is largely self-contained, providing most or all services as integral parts of the larger program.
- ☐ Program provides intermediate level care and supervision and is structured to vary the intensity of supervision to correspond to the individualized needs of children depending on their level of development and responsiveness to structure and with consideration for their ages and the nature of their abilities and disabilities. Children are able to participate in extracurricular school activities, and engage in activities in the community with modified supervision regimens.
- ☐ Program has the capability to use one-on-one interventions to assist children in acclimating to daily routines, the requirements of education and treatment

regimens and to deal with short term crises that threaten continued placement (The periodic use of brief, one-on-one interventions does not imply that the program has the capability to provide routine and consistent one-on-one interventions with children who need such services to participate in the program).

- ☐ Program provides a level of care/supervision needed to support treatment and recreation services in the community for children for whom community-based services are appropriate.

- ☐ Provider has a written plan and policies addressing the development of independent living skills specific needs of their population.

High Intensity Care/Supervision

- ☐ Program provides a staff secure setting that may include architectural features such as alarms, motion detectors and/or security cameras in common indoor and outdoor areas (staff secure means high ratio of staff to children, ranging from 1:3 to 1:4).

- ☐ Program has constant 24-hour staff supervision where children are always visible to supervising staff.

- ☐ Program has the capability for periodic one-on-one intervention and support as an integral part of program staffing at no additional cost to the placement agency.

- ☐ Program provides 24 hour access to crisis intervention provided by staff who are specially trained and which allow children in crisis to be removed to an alternative location (not to be construed as seclusion).

- ☐ Program provides through a high staff to child ratio (1:1 to 1:3) staff that are specially trained and qualified to work with children who have been diagnosed with developmental disabilities, mental illness and serious medical conditions and related behavioral challenges.

- ☐ Program provides highly structured and intensely supervised recreation and socialization activities within the program.

- ☐ Program has a written description of recreation and socialization services which identifies the scope of activities that meets the requirements outlined above and describes the scope and intensity of staffing used to implement identified services.

- ☐ Program has the ability to maintain intensive supervision for children when they are involved in community-based education, medical/dental appointments, clinical treatment and any other activities required by their individual service plans.

- ☐ Provider has a written plan and policies addressing the development of independent living skills specific needs of their population.

Clinical Treatment Services

Low Intensity Clinical Services

- ☐ Clinical services are provided on an outpatient basis in the community by licensed and/or certified professionals.
- ☐ Outpatient treatment is provided in support of the child's group home placement and the goals of their individual service plan.
- ☐ Qualified program staff provides case management services.

Moderate Intensity Clinical Services

- ☐ Clinical services are largely, though not exclusively, provided as an integral part of the group home program by licensed and/or certified staff and paid consultants.
- ☐ Program provides case management services and individual, group, and family therapies provided by qualified therapists. Client has access to both psychotherapy (processing) groups, as well as psycho-education, life-skills based therapeutic groups.
- ☐ Psychological and/or psychiatric assessment/evaluation services are available and may be provided on an outpatient basis.
- ☐ Psychopharmacology services are available and may be provided on an outpatient basis.
- ☐ As made evident in policies and individual service plans, clinical services are an essential element of the program.
- ☐ Individual service plans integrate clinical and behavioral intervention strategies and identify the roles played by both the child and youth care staff to facilitate the child's involvement in treatment services.

High Intensity Clinical Services

- ☐ Clinical services are consistently provided by licensed and/or certified staff and consultants and are an integral part of the program.

- ☐ Program provides an array of individual, group, and family therapies that may include cognitive behavioral therapies and expressive therapies, provided by licensed and/or certified therapists as integral parts of each child's treatment regimen. Client has access to both psychotherapy (processing) groups, as well as psycho-education, life-skills based therapeutic groups.

- ☐ Psychological and/or psychiatric assessment/evaluation services are an integral part of the program and can be provided on an inpatient basis.

- ☐ Psychopharmacology services and medication management and monitoring are available and provided under the direction of a licensed staff or consulting psychiatrist.

- ☐ Client has daily access to clinical staff.

Education Services

Low Intensity Education Services

- ☐ Children are enrolled in public schools, including some with special education programs designed to respond to cognitive or other learning disabilities.

- ☐ At a minimum, the program ensures timely enrollment, maintains regular contact with teachers, are available to respond immediately to behavioral or medical crisis, set aside a period in their daily schedule for supervised homework and support participation in extracurricular activities, providing transportation when necessary.

- ☐ Provider has a written plan and policies addressing the development of independent living skills specific needs of their population.

Moderate Intensity Education Services

- ☐ Children are enrolled in public schools and MSDE approved nonpublic general and special education schools, including some with special education programs equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities.

- ☐ At a minimum, the program has a designated staff liaison with schools where children are enrolled.

- ☐ Program staff set aside a period in their daily schedule for supervised homework and will monitor the completion of homework assignments checking frequently with teachers to ensure that students are completing assignments.

- ☐ Program routinely augments school faculty/staff supervision for students who participate in extracurricular activities, maintaining regular contact with coaches and/or other faculty, ensuring that children who remain at school beyond the regular school day are where they are supposed to be and providing transportation when necessary.

- ☐ Provider has a written plan and policies addressing the development of independent living skills specific needs of their population.

High Intensity Education Services

- ☐ Children are enrolled in on-grounds MSDE approved nonpublic general and special education schools, GED programs, or job-training centers operated by the group home.

- ☐ The school is equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities.

- ☐ The education program is an integral part of the larger program as made evident in written policies and individual service plans.

- ☐ Program ensures the immediate enrollment of new students.

- ☐ Learning objectives for each student are included in a written education service plan that is developed in conjunction with the student's Individual Service Plan.

- ☐ Staff responsible for care and supervision beyond the school day will set aside a period in their daily schedule for supervised homework and will monitor the completion of homework assignments checking frequently with teachers to ensure that students are completing assignments.

- ☐ The school provides recreation and socialization activities that approximate the nature and purpose of extracurricular activities available to children enrolled in public schools.

- ☐ Provider has a written plan and policies addressing the development of independent living skills specific needs of their population.

Health and Medical Services

Low Intensity Health and Medical Services

- ☐ Program has comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT and which include policies governing medication administration and management.

- ☐ Program has written agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services.

- ☐ Program has the capacity to implement special diets that are overseen by a certified dietician for brief periods of time when necessary to respond to short-term illnesses and related treatment, e.g. tonsillectomy, dental surgery, orthodontia, mild asthma etc.

- ☐ Services are provided by health care providers in the community.

- ☐ Program maintains records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications.

- ☐ Program employs staff trained and certified in the management, safekeeping and administration of medication, including supervised self-administration regimens.

Moderate Intensity Health and Medical Services

- ☐ Program has the capability and staffing needed to manage the medical needs of children with chronic but controlled medical conditions, e.g. chronic or acute asthma, controlled childhood diabetes, moderate eating disorders, life threatening allergic reactions, enuresis etc.

- ☐ Services are most often provided by health care providers in the community, however, the program has a contractual relationship with a physician who oversees the provision of medical services.

- ☐ Program employs or contracts with a nurse(s) or other qualified medical professional who is/are to be present on a case by case, as needed basis, and whose qualifications are commensurate with the medical needs of children served by the program. The medical professional has the responsibility of providing oversight to all applicable staff to ensure their appropriateness and compliance of medication management as well as to ensure the well being of all clients with regard to their medical needs.

- ☐ Program has the capacity to implement special diets that are overseen by a certified dietician for prolonged periods of time to respond to short-term illnesses and the medical needs associated with the chronic but controlled medical conditions that may be found in children needing moderate intensity medical services.

- ☐ Program employs staff trained and certified to administer medications to children who cannot self-administer their medications with supervision.

- ☐ Program ensures that all direct care staff have knowledge of the nature and severity of the medical needs of and treatment provided to children placed with them.

High Intensity Health and Medical Services

- ☐ Program has the capability and staffing needed to manage the medical needs of children with chronic and acute medical conditions that do not rise to the definition of "medically fragile", e.g., HIV/AIDS, acute asthma, conditions that limit ambulation, and conditions that require the supervised use of medical technologies.

- ☐ Program has the capacity to implement special diets that are overseen by a certified dietician for prolonged periods of time to respond to chronic and/or illnesses and medical conditions, identified above.

- ☐ Program employs or contracts with a consulting physician who oversees the provision of medical services and supervises nurses, nurse's aides, medication technicians and all other medical staff employed by the group home. Demonstrated ability to offer in-house medical services 24-hours a day every day of the year.

Family Services

Low Intensity Family Service

- ☐ The program provides evidence that policies and procedures for Family Centered Practice are in place to encourage inclusive case planning and to monitor service provision compliancy.

- ☐ Program provides a range of services designed to maintain the child's connection with family while the child is in placement and during the transition from out-of-home care to family living.

- ☐ Program provides opportunities for children to interact with parents and siblings and coordinate services for the family while their child is in care.

- ☐ Program provides case management services that help families identify and access community services (family counseling, parenting education or services needed by the child to transition from placement to home) needed to support timely reunification and successful treatment outcomes.

Moderate Intensity Family Service

- ☐ The program provides evidence that policies and procedures for Family Centered Practice are in place to encourage inclusive case planning and to monitor service provision compliancy.

- ☐ Program provides individual and group family therapies and parenting education.

- ☐ Prior to a child's discharge, the program helps parents/families identify the appropriate school placement and other community based services and activities and, with the appropriate consents, ensure that information needed to enroll in school and access services is available at the time of discharge.

- ☐ Program provides a case management services sufficient to ensure that the needs of parents/families related to reunification are identified in a written plan (the child's ISP or a separate Family Services Plan) and assists parents/families in identifying the service resources they need.

- ☐ Program provides opportunities for children and their families to engage in social or recreational activities provided by the program.

High Intensity Family Service

- ☐ The program provides evidence that policies and procedures for Family Centered Practice are in place to encourage inclusive case planning and to monitor service provision compliancy.

- ☐ Program routinely develops Family Service Plans (FSP) distinguishing the services to be provided by the program and those to be provided by other providers, e.g., community-based mental health and/or substance abuse services, and/or supports related to housing, employment, etc.

- ☐ In addition to individual and family group therapies, the program either provides or ensures access to substance abuse counseling and treatment for family members participating in their child's treatment.

- ☐ Program has policies and mechanisms to ensure parent/family involvement in the program as members of advisory groups, participants on quality assurance teams, and participation in milieu program activities.

- ☐ Program provides formal, short term follow up – 30 to 60 days – to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes.

Program Staff Review & Approval: Date:

Licensing Agency Approval:

GROUP HOME ADDENDUM FOR TEEN MOTHER PROGRAMS

Please complete this addendum if you are a RCC provider that is licensed as a Teen Mother Program.

Teen mother programs serve adolescents who are pregnant and/or youths who have children. Teen mothers are placed in group settings when their needs cannot be met in a less restrictive environment. Services are delivered in small group home, campus-based settings. Services vary in intensity depending on the maturity level and clinical needs of the clients, but typically include pre-natal care when necessary, independent living skills and parenting skills.

Teen Mother Programs- Levels of Intensity

I. TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

The scope and intensity of care and supervision offered with Teen Mother Programs will vary based on the abilities, disabilities and functioning level of the teens. Transition services and experiential learning activities must be an integral part of the program.

LOW

Environment:
Teen mother and child(ren) live in a minimally structured group home setting that provides 24 hour on site staff supervision. All services are accessed in the community. The majority of the teens in this category are high functioning and capable of making independent decisions with limited support and guidance from the program. Daycare for the teen mother's child is provided in the community by a childcare center or daycare home licensed under State law.

Population Served:
Teen mothers who do not represent a threat to themselves or others and can spend time each day with minimal supervision as appropriate to their age. Youth typically are attending high school or a post secondary educational program within the community and/or are employed in the community.

Staff Categories:
Case managers, social workers, direct care staff and parent educators.

Staff Licensing and Qualifications (Where appropriate):
Maryland certification and licensure requirements.

MODERATE

Environment:
Teen mother and child (ren) live in a group home, campus-based setting, with 24 hour on site staff supervision with a staff/client ratio of 1:5 during awake hours and 1:8 during overnight.

Population Served:
Teen mothers who typically exhibit disruptive, maladaptive and delinquent behaviors, including aggression that would require close and consistent supervision, quick access to crisis intervention and awake, overnight supervision. Moderate intensity programs need to be staffed, structured and organized to support involvement in prescribed treatment. Recreation and socialization services consistent with the needs of the youth may be available on site and/or community based. During daytime hours, the youth's child is in a childcare center or daycare home licensed under State law. During evening hours there may be some cases in which a youth's child may be cared for by another youth resident, only in cases when the arrangement is approved by the program administrator or administrator's designee.

Staff Categories:
Childcare workers, childcare supervisors, social workers, parent educators, and life skills counselors.

Staff Licensing and Qualifications (Where appropriate):
Maryland certification and licensure requirements.

HIGH

Environment:
Teen mothers and their child (ren) live in a highly structured staff secure group home environment. Predominately all services are provided on site. Community based education and treatment services are only accessed on an individual basis under close adult supervision. Community based recreation and socialization activities could be available for individuals or small groups under close adult supervision when youth are behaviorally ready. Staff/client ratio is 1:3 - 1:4 during awake hours and 1:6 during overnight.

Population Served:
Teen mothers who typically exhibit extreme disruptive, maladaptive and delinquent behaviors and pose a clear threat to their own safety or the safety of others. They typically require intense around the clock supervision and an immediate crisis intervention response. Awake, overnight supervision is required. During day time hours the youth's child is in a childcare center or day care home licensed under State law.

Staff Categories:
Childcare workers, childcare supervisors, social workers, psychiatrist, nurses, and activities coordinator.

Staff Licensing and Qualifications:
Maryland certification and licensure requirements.

II. CLINICAL TREATMENT SERVICES

LOW

Environment:
Services are provided on an outpatient basis in the community where the teen parent resides. Treatment is adjunctive and is provided in support of their residential placement and the goals of their service plan. Services are available on the same basis that they would be if they were living with a family in the community. Case management services are provided by qualified program staff. Services include individual counseling, group counseling, family services, psychological services and/or psychiatric services. Other services may be accessed based on the youth's service plan.

Population Served:
Teen mothers and children whose clinical treatment needs can be met on an outpatient basis if they are in a stable and supportive living arrangement that provides adequately for their other service needs, such as education/special education and family services.

Staff Categories:
Primary caretakers such as childcare workers and life skills counselors, who ensure access to prescribed treatment and basic counseling services.

Staff Licensing and Qualifications: Community-based treatment services are provided by licensed, certified clinical staff, such as: social workers, nurses, psychologists or psychiatrists. Agency Staff do not provide clinical services. Case managers are LCSW-C, LCSW, LGSW, or LSWA.

MODERATE

Environment:
Services are provided either on-site or by community based qualified staff and are routinely available to all youth in the program. Services are provided as part of a service plan. Clinical Services include individual counseling, group counseling, family services, psychological services and/or psychiatric services. Other services may be accessed on an outpatient basis based on the youth's service plan.

Population Served: Teen mothers and their children who present a clinical profile of moderate to severe emotional disturbances and/or social development deficits.

Staff Categories: Childcare workers, life skills counselors, case managers and crisis intervention workers, who ensure access to prescribed treatment and basic counseling services.

Staff Licensing and Qualifications (Where Appropriate):
Community-based treatment services are provided by licensed, certified clinical staff, such as: social workers, nurses, psychologists or psychiatrists. Case managers are LCSW-C, LCSW, or LGSW.

HIGH

Environment:
The full spectrum of clinical treatment services including: individual and group therapy, family therapy, psychological, psychiatric, case management and family services are available through the program and are provided by qualified staff and/or consultants. Psychiatric consultation is a routine part of service plan development and progress evaluation. Psychotropic medications are prescribed and administered by licensed medical staff. All clinical treatment services are available on-site.

Population Served:
Teen mothers who typically exhibit extreme disruptive, maladaptive and delinquent behaviors and pose a clear threat to their own safety or the safety of others.

Staff Categories:
Case management, social worker, psychologist, psychiatrist, childcare workers, teen parenting staff, nurse, activities coordinator, and director of clinical services.

Staff Licensing and Qualifications (Where appropriate):
Case managers are LCSW-C, LCSW, or LGSW. Maryland certification and licensure requirements are applicable for all other treatment providers.

III. EDUCATION SERVICES

LOW

Environment:
Youth receive educational services off-site, including public school, non-public school, GED, college or vocational training program. In addition, educational age-appropriate enrichment activities are provided to the teen mother's child and are offered off-site by a licensed daycare provider, head start program, pre-school educational program or public elementary school.

Population Served:
Teen mothers and their children who reside in a group home setting and who are able to participate and benefit from educational programs to meet general or special education objectives.

Staff Categories:
N/A (Community-based services provided)

Staff Licensing and Qualifications:
N/A

MODERATE

Environment:
Youth receive educational services off-site, including public school, non-public school, GED, college or vocational training programs. Educational supportive services are also provided on-site (e.g. life skills training, parenting training, job training, tutoring, and vocational training). The program has appropriate curriculum, instructional materials and equipment for supportive services. In addition, educational age-appropriate enrichment activities are provided to the teen mother's child and are offered both on and off site by program staff, a licensed daycare provider, head start program, pre-school educational program or public elementary school.

Population Served:
Teen mothers and their children who reside in a group home setting and who are able to participate and benefit from educational programs to meet general or special education objectives, with supportive services from the program.

Staff Categories:
Teachers, social workers, life skills counselors, parent educator.

Staff Licensing and Qualifications (Where appropriate):
Maryland certification and licensure requirements.

HIGH

Environment:
Education is provided on site at the program's facility by program staff. The program must hold a certificate of approval from the MD State Board of Education to operate a non-public school. The program must have appropriate curriculum, instructional materials and equipment. In addition, educational age-appropriate enrichment activities are provided to the teen mother's child and are offered both on and off site by program staff, a licensed daycare provider, head start program, pre-school educational program or public elementary school.

Population Served:
Teen mothers and their children who reside in a group home setting and whose educational needs can be better met on-site. Their educational needs could also be met by community-based educational settings when deemed appropriate in the service plan.

Staff Categories:
Teachers, and in special education programs: speech and language therapist, occupational therapists, physical therapists, psychologists, social workers, nurses, and psychiatrist.

Staff Licensing and Qualifications (Where appropriate):
Maryland certification and licensure requirements.

IV. HEALTH AND MEDICAL SERVICES

LOW

Environment:
Teen mothers and their children live in a small group home, campus based setting, where the mothers can independently be responsible for the majority of their health and medical needs. Liaisons are established with community pediatricians, physicians, dentists and hospitals. Access to the community services is available through public transportation. Mothers self-administer meds for themselves and their children. All mothers make medical appointments for themselves and their children. All babies are seen for regular pediatric appointments based as recommended by the American Academy of Pediatrics. Dental appointments are required annually beginning at age 3. Pre and post-natal services, as well as specialized pediatric services are provided by a community hospital. Parenting staff and case management make specialized referrals for unique health problems of the child (speech, learning, etc.)

Population Served:
Teen mothers and their children live in a minimally structured group home setting. They are independently responsible for their health and medical needs. They may have medical problems as long as they can manage their own medical care within the community.

Staff Categories:
Case managers and childcare workers.

Staff Qualifications:
Direct care staff is trained in medication administration, First Aid and Child/Adult CPR.

MODERATE

Environment:
Teen mothers and their children live in a small group home, campus based setting. Liaisons are established with community pediatricians, physicians, dentists, hospitals and other health specialists as needed. Access to the community services is available through the provider and/or public transportation. Mothers self-administer meds for themselves and their children, with supervision. The majority of mothers make medical appointments for themselves and their children. The group home staff, however, will monitor the compliance with the required appointments. All babies are seen for regular pediatric appointments as recommended by the American Academy of Pediatrics. Dental appointments are required annually for the children beginning at age 3. Pre and post-natal services, as well as specialized pediatric services are provided by a community hospital. Parenting staff and case management make specialized referrals for unique health problems of the child (speech, learning, etc.)

Population Served:
Teen mothers and their children who can live in a moderately structured group home setting. They may have medical problems as long as they can manage their own medical care within the community.

Staff Categories:
Case managers, life skills counselors and childcare workers.

Staff Qualifications:
Agency staff trained in medication administration, First Aid and Adult/Child CPR.

HIGH

Environment:
Teen mothers and their children live in a structured group home, campus-based setting. Liaisons are established with community pediatricians, physicians, dentists, hospitals and other health specialists as needed. Access to the community services is available through the provider. Medical appointments are made by the nurse on staff when feasible. Staff will accompany mothers and their children to their appointment and provide supervision and support. Meds are administered to the mothers and their children by qualified staff. All babies are seen for regular pediatric appointments as recommended by the American Academy of Pediatrics. Dental appointments are required annually beginning at age 3. Pre and post-natal services, as well as specialized pediatric services are provided by a community hospital. Case management staff members make specialized referrals for unique health problems of the child (speech, learning, etc).

Population Served:
Teen mothers and their children who need a highly structured environment. The teen mothers may have medical problems, which they cannot manage in a less structured community setting.

Staff Categories:
Physicians and/or pediatricians available through contract or local hospital. An on duty nurse is available during day shift and on-call evenings and holidays. Psychiatrist may be available as needed. Childcare workers are available to administer medications 24/7.

Staff Qualifications:
Physicians are Board certified and licensed in MD. Nurse Practitioners, RN or LPN licensed to practice in Maryland. Childcare workers are trained in medication administration, First Aid and Adult/Child CPR.

V. FAMILY SERVICES

LOW

Environment: Teen mothers and their children live in a minimally structured group home, campus based setting, with the program proving their primary source of support and resources. They have little or no consistent contact with biological family. The service plan, however, will focus on services to the teen and their relationships with others, i.e. extended family, other identified appropriate role models/mentors and/or the baby's father. Any of these resources may be invited by the program to participate in the treatment plan process. Parenting education will also be provided.

Population Served: Clients with few or nonexistent biological family resources. Extended family, supportive individuals identified by the teen mother and /or the baby's father.

Staff Categories: Case managers, childcare workers.

Staff Qualifications: Case managers are licensed social workers (LSWA, LGSW, and LCSW -C).

MODERATE

Environment:
Mother and child live in a group home, campus based setting, where the program and its staff are the primary source of support and resources. The mother's family is integrated into the service plan and provides consistent support. A higher level of case management services will be provided to ensure that the needs of the family are addressed. The program will help families & placement agencies identify community based services and activities if necessary to ensure continuity of services upon

discharge. Contact with family is monthly at minimum, but may be more often. Family or other identified appropriate role models/mentors are seen as active sources of support.

Population Served:
Clients who identify biological or foster family members as supportive (including extended family and the baby's father). In the absence of family members appropriate role models/mentors are identified.

Staff Categories:
Case managers, childcare workers, life skills counselors, and parent educator.

Staff Qualifications:
Case managers are licensed social workers (LSWA, LGSW, and LCSW -C).

HIGH

Environment:
Mother and child live in a group home, campus based setting where the program and its staff are the primary sources of support, resources and services. Family, however, is an integral part of the service plan, with consistent visits whenever it is possible for approved extended periods. Active and ongoing case management services to the family will be offered. Policies and mechanisms for inviting and encouraging active family participation in the teen mother's service plan will be in place. Parenting classes will be offered. Family is seen as long term resource for mother and child once they are no longer a part of the program or the state system.

Family provides needed resources consistently and assumes responsibilities for addressing the needs and concerns of the mother and child. In the absence of family resources, identified appropriate role models/mentors are seen as an integral part of the service plan and long-term resource for the mother and child.

Population Served:
Mother and child who have family members or other appropriate resources designated in the service/treatment plan. Family members are able to obtain some of the resources needed after being directed to the appropriate resources by members of the program staff. The baby's father may be actively involved in the child's care.

Staff Categories:
Case managers, childcare workers, and family therapists.

Staff Qualifications:
Case managers and therapists are licensed social workers (LGSW, LCSW-C). Childcare workers have BS/BA degrees.

VI. SCORING MATRIX

FY 2012 Levels Of Intensity

Domain	Low	Moderate	High
24 hr Milieu Care &Supervision	8	10	12
Clinical Services	6	8	10
Education Services	2	4	6
Health/Medical Services	2	4	6
Family Support Services	6	8	10

TEEN-MOTHER PROGRAM CHECKLIST

Instructions: Please write corresponding number on the lines instead of a check mark. After completing the entire section, total your numbers and divide by the number of categories to find your score.

Care and Supervision

Living Arrangement:

- ☐ Low (1) Teen mother & child live in minimally structured group home setting with 24 hour on-site supervision and a staff/client ratio of 1:8 during the day and 1:10 at night.

- ☐ Moderate (2) Teen mother & child live in a moderately structured group home setting, with 24 hour on site staff supervision and a 1:5 staff/client ratio during the day and 1:8 at night.

- ☐ High (3) Teen mother & child live in highly structured staff secure environment. Program provides 24-hour, awake, overnight supervision, with a staff/client ratio of 1:3 during the day and 1:6 at night.

Training:

- ☐ **Low (1)** As per COMAR regulations, direct care staff complete 10 hours of training specific to infant care before assuming duties in a mother-infant program. Annually, direct care staff required to complete 15 hours of training specifically related to mother/baby programs.

- ☐ **Medium (2)** As per COMAR regulations, direct care staff complete 10 hours of training specific to infant care before assuming duties in a mother-infant program. Annually, direct care staff is required to complete 19 hours of training specifically related to mother/baby programs.

- ☐ **High (3)** As per COMAR regulations, direct care staff complete 10 hours of training specific to infant care before assuming duties in a mother-infant program. Annually, direct care staff is required to complete 22 hours of training specifically related to mother/baby programs.

Please total your numbers and divide by two. If your score for example is: 2.5, please round up to 3 to determine your level of intensity.

CARE & SUPERVISION PROGRAM AVERAGE ____

CARE & SUPERVISION PROGRAM LEVEL OF INTENSITY ____

Clinical Services

Professional Credentials:

- ☐ **Low (1)** Program employs predominately LSWAs to provide case management services.

- ☐ **Moderate (2)** Program employs predominately LGSWs to provide case management services.

- ☐ **High (3)** Program employs predominately experienced LGSWs, and LCSWs, or LCSW-Cs to provide services.

Therapeutic Interventions:

- ☐ **Low (1)** Services are provided to teen mother and child in outpatient community based services, including psychiatric services. Teens can function with low level of care and supervision and typically comply with their prescribed treatment regimen.

- ☐ **Moderate (2)** Clinical services are routinely available to all clients either on-site or by outpatient community professionals. At minimum, the group home will provide case management services and individual and group therapies by qualified therapists under the supervision of a psychiatrist. Eight hours of psychiatric services are available on a monthly basis. Psychological assessment/evaluation services and pharmacology services may be provided on an outpatient basis, but must be available.

- ☐ **High (3)** the group home will provide case management services and individual and group therapies by qualified therapists under the supervision of a psychiatrist. As integral parts of the group home program. A full spectrum of clinical services, including diagnostic services are available through the program. Psychiatric consultation is a routine part of service plan development and progress evaluation.

Please total your numbers and divide by two. If your score for example is: 2.5, please round up to 3 to determine your level of intensity.

CLINICAL PROGRAM AVERAGE ____

CLINICAL PROGRAM LEVEL OF INTENSITY ____

Education Services

- ☐ **Low (1)** Teen mothers receive educational services off site, including public school, non-public school, GED, vocational training or college. Educational enrichment services are provided to the teen mother's child off site.

- ☐ **Moderate (2)** Teen mothers receive educational services off site, including public school, non-public school, GED, college or vocational training programs. Educational supportive services are provided on site i.e. tutoring, life skills, and parenting education. At a minimum, group homes providing moderate level of intensity education services will have a designated school liaison between the school and group home. Educational activities are provided to the teen mother's child both on and off site by program staff.

- ☐ **High (3)** Teen mothers receive educational services on site at the program's facility. The program must hold a certificate of approval from the MD State Board of Education to operate a non-public school. Educational activities are provided to the teen mother's child both on and off site by program staff.

Please enter the number that you selected above for Educational Services to determine your level of intensity.

EDUCATIONAL SERVICES LEVEL OF INTENSITY ____

EDUCATIONAL SERVICES TOTAL ___

Health and Education Services

Medication Administration:

- ☐ **Low (1)** Teen mothers self administer medications for themselves and their children.

- ☐ **Moderate (2)** Teen mothers either administer their own medication & that of their children, with supervision or have it administered by trained and certified staff according to COMAR regulations.

- ☐ **High (3)** Medications are administered by trained and certified staff according to COMAR regulations.

Medical Appointments/Services:

- ☐ **Low (1)** Teen mothers independently schedule and manage their medical appointments with providers in the community.

- ☐ **Moderate (2)** The majority of teen mothers rely on the program staff to schedule required appointments. The provider will monitor compliance. The group home will have a contractual relationship with a consulting physician who will oversee the provision of medical services. Group homes providing moderate health and medical services also employ a nurse or other qualified medical staff whose qualifications are commensurate with the medical needs of the teens served. Transportation provided by the group home when requested.

- ☐ **High (3)** Teen mothers are dependent on the program staff to schedule and manage medical appointments and to accompany teen mothers to their appointments to provide supervision and transportation. Group homes providing high intensity health services employ or contract with a consulting physician who oversees the provision of medical services and supervises nurses, nurse's aides, medication technicians and other medical staff employed by the group home.

Please total your numbers and divide by two. If your average score for example is: 2.5, please round up to 3 to determine your level of intensity.

HEALTH & MEDICAL PROGRAM AVERAGE ____

HEALTH & MEDICAL LEVEL OF INTENSITY ____

<u>Family Services</u>

- ☐ **Low (1)** Teen mother & child live in an environment where the program and staff are the primary source of support and resources. The teen mother has little or no consistent contact with biological family. The service/treatment plan, however, will focus on services to the teen and their relationships with others, i.e. extended family and/or other identified appropriate role models/mentors and/or the baby's father. Any of these resources may be invited by the program to participate in the treatment plan process. Parenting education will also be provided.

- ☐ **Moderate (2)** Teen mother & child live in an environment, where the program and staff are the primary source of support and resources. However, the teen's family (including immediate, extended family, the baby's father and/or identified appropriate role models/mentors) are integrated into the service/treatment plan & provide consistent support. Contact with family is monthly at minimum. Family therapy and family visits are encouraged. Program Staff work to assist the family members with obtaining concrete services.

- ☐ **High (3)** Teen mother & child live in an environment where they receive family therapy weekly and parent education and/or parent groups weekly. The program provides extensive family outreach (including immediate, extended family, baby's father, and/or identified appropriate role models/mentors). The focus is on obtaining the needed services for all identified family members, as the family is an integral part of service/treatment plan and viewed as a long term plan for the teen mother and her child.

Please enter the number that you selected above for Family Services to determine your level of intensity.

FAMILY SERVICES LEVEL OF INTENSITY ____

FAMILY SERVICES TOTAL ___

Program Staff Review & Approval: Date:

Licensing Agency Approval:

INDEPENDENT LIVING PROGRAM

Independent Living Programs represent a different philosophy than nearly any other type of service. The goals of these programs are to teach youth necessary life skills and how to access community resources. The expectation is that will help them attain self-sufficiency. Independent Living programs are transitional services for youth in the child welfare and juvenile justice systems. These services include educational, vocational, financial, social/ interpersonal, and self-care services. Many programs in the child welfare continuum serve the varying needs of children. Independent Living programs fit in the continuum with a distinct structure and purpose for those youth who are ready to transition from the child welfare system.

Each category is defined specifically as it relates to Independent Living Programs. Each definition is then followed by categories of low, moderate and high, with definitions of each category as well as the staff necessary to carry out the services that are provided.

Care and supervision of youth in Independent Living requires that staff plan a way to allow the youth to develop increasing levels of responsibility and freedom as they go through the program. The opportunity to make mistakes and to have the necessary support to learn from those mistakes is a significant part of independent living programming. Independent living programs offer clinical treatment services in house or in the community by licensed certified professionals. It is important to not only teach youth how to address their mental health needs, but equally important to teach them how to access clinical services as a responsible adult while addressing these needs. Education Services are designed to help youth determine educational and vocational choices and to develop the skills necessary to achieve their educational/vocational goals. Health and Medical Services teach youth how to identify health and medical needs and to access services as necessary. Family support services include not only youth's biological family, but also other members of the youth's support system that they have developed over the years that are not necessarily biological family. If the youth has a child, the Family Support Services would include the child, the child's father and/or mother and their family.

Independent Living Programs will collaborate with local departments to address the youth's achievement of benchmarks specified by the Social Services Administration Policy Directive SSA # 10-13.

I. TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

The scope and intensity of care and supervision offered in independent living programs for youth will vary based on the type of program offered and the needs of youth served. In all independent living programs, the milieu must provide care and supervision, transitional services, and access to planned resident activities opportunities. The milieu should empower and support youth participation in needed treatment and educational services. The scope and intensity of milieu program services and staffing patterns should be proportionate to the needs of youth served. In all cases, staffing and service intensity should be sufficient to ensure the maintenance of a safe and therapeutic

environment. The principle factor for determining the appropriate level of milieu program intensity should be based upon the youth's need for structure, supervision and access to treatment. The disability status of a youth should be taken into consideration when determining the appropriate level of milieu.

Intensity of care and supervision can range greatly depending upon the needs of the youth. There are potentially many variations in the structure, organization and staffing of programs within a responsive continuum. The intensity of care and supervision will be based on the number and availability of staff, frequency of contact with the youth, life skills training offered, living environment provided and planned activities offered. A State of Maryland approved life skills assessment tool should be utilized in determining the level of care and supervision needed by each youth.

Independent living services are defined as training and experiential learning activities, such as life skills training that are intended to foster self-reliance. Independent living transition services should relate to and support discharge-planning goals. The range and intensity of needed transition services will vary among youth based on their developmental and mental health needs.

Activities are essential to the growth and development of youth. Independent living programs must offer a range of planned resident activities either in-house or in the community that meet the needs of the youth served. Activities help teach youth how to make productive use of leisure time.

The scope and intensity of care and supervision will vary among independent living programs based on the needs of the youth. As a result, within independent living programs there will be a variety of levels of intensity in which a program will operate. The levels are low, moderate and high.

LOW

Environment:
Independent Living Program is designed to provide face-to-face contact a minimum of one time per day with each individual youth. Youth in the program receive life-skills training as defined in the Private Independent Living Program regulations (07.05.04). The Independent Living Program has an annual defined resident activity calendar with a minimum of one activity per month. Independent Living Program staff are available on-call 24-hours per day, seven days per week. In programs that serve youth with children, the life skills training must include information on parenting consistent with COMAR 07.05.04.06B.

Population Served
Youth must be able to voluntarily commit to being in an Independent Living Program, and have the capability of pursuing their educational goals, as well as pursuing employment. Youth may require a supportive environment in order to attain their educational or employment goals. Youth require basic life skills training in all areas, as

defined by their life-skills assessment. If youth have children, they need to exhibit the judgment and skills necessary, as defined by the pre-placement assessment, to provide a safe home for their children with the support of the staff. In teen parenting programs, the direct care staff complete the minimal required hours of annual training specifically related to parent/child programs as per COMAR.

Staff Categories
Direct care supervisors, direct care workers, life-skills training staff, case management staff, 24-hour availability of licensed social workers.

Staff Licensing and Qualifications
Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).

MODERATE

Environment:
Independent Living Program is designed to provide face-to-face contact a minimum of two times per day with each individual youth. Independent Living staffs are scheduled and on-duty 24 hours per day, seven days per week. Youth in the program receive life-skills training as defined in the Private Independent Living Program regulations (07.05.04) and the program will continue to offer five hours per week of life skills training after the first 180 days. In programs that serve parents with children, the life skills training must include information on parenting consistent with COMAR 07.05.04.06B. In teen parenting programs, the direct care staff complete the minimal required hours of annual training specifically related to parent/child programs as per COMAR. The Independent Living Program has a defined activities calendar with at least two planned activities per month for all youth. Program Policies and Procedures allow the opportunity to develop a transition plan for an individual youth to take some degree of responsibility for their own support. Depending upon the level of self-sufficiency, the youth can be expected to develop self-sufficiency skills such paying a portion of their rent or electric bill, forgoing a weekly stipend so that they may purchase groceries and personal items from own earnings, by the time of discharge.

Population Served
Youth must be able to voluntarily commit to being in the Independent Living Program, and have the capability of pursuing their educational goals, as well as pursuing employment. Youth may require a supportive environment in order to attain their educational or employment goals. Youth require basic life skills training in all areas, as defined by their life-skills assessment. If youth have children, they need to exhibit the judgment and skills necessary, as defined by a pre-placement assessment, to provide a safe home for their children with the support of the staff.

Staff Categories
Direct care supervisors, direct care workers, Life-skills training staff, Case Management Staff, 24-hour availability of licensed social workers.

Staff Licensing and Qualifications
Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).

HIGH

Environment:
Independent Living Program employs staffing to allow the capability for face-to-face contact with each individual youth three or more times per day including the capacity to provide acute crisis coverage for an individual youth who may be dealing with a time-limited episode and needs continuous supervision for that period. Youth in the program receive life-skills training as defined in the Private Independent Living Program regulations (07.05.04), and will continue to offer five hours per week of life skills training after the first 180 days, and will offer additional life skills trainings if a specific individual has an identified need for further life skills trainings as evidenced by the transition plan. The Independent Living Program has a defined resident activity calendar with three or more planned activities per month for all youth. Independent Living staff are scheduled 24-hours per day, 7 days per week, on-site at each complex in which youth are residing. Program Policies and Procedures allow for the opportunity to develop a transition plan for an individual youth to take some degree of responsibility for his or her own support, depending upon the level of self-sufficiency the youth can be expected to develop by the time of discharge (i.e. paying a portion of their rent or electric bill, forgoing a weekly stipend so that they may purchase groceries and personal items from own earnings). The Independent Living Program Offers a continuum of apartment-based environments to allow youth to progressively develop independent living skills, including having the opportunity to live in an apartment with their own name on the lease while still residing in the Program. In programs that serve youth with children, the life skills training must include information on parenting consistent with COMAR 07.05.04.06B. In teen parent programs, the direct care staff complete additional training hours in specific areas such as child development, parent/child attachment and disciplining children that is over and above the COMAR requirements. The program will utilize a formal parenting curriculum that the staff have been trained to implement and the program will have a method for measuring the success of their parenting curriculum.

Population Served
Youth must be able to voluntarily commit to being in the Independent Living Program, and have the capability of pursuing their educational goals, as well as pursuing employment. Youth may require a supportive environment in order to attain their educational or employment goals. Youth require basic life skills training in all areas, as defined by their life-skills assessment. If youth have children, they need to exhibit the

judgment and skills necessary, as defined by a pre-placement assessment, to provide a safe home for their children with the support of the staff.

Staff Categories
Direct care supervisors, direct care workers, Life-skills training staff, Case Management Staff, 24-hour availability of licensed social workers.

Staff Licensing and Qualifications
Off-site and on-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).

II. CLINICAL TREATMENT SERVICES

The intensity of clinical treatment services offered in Independent Living Programs is determined by the scope of professional services available and the setting(s) in which they are offered. Clinical treatment services include services offered by trained, licensed and/or certified professionals. Services may be offered individually or in combination as determined to be needed in a youth transition plan. For teen parenting programs, children of youth are monitored for any needed mental health services and referrals. These services may be delivered on-site or off-site. Services typically available include any of, or a combination of the following:

- Individual Counseling,
- Group counseling,
- Family counseling,
- Individual and group psychotherapy,
- Expressive therapies,
- Pharmacology or medical management of psychotropic drugs,
- Psychiatry,
- Psychological services,
- Diagnostic evaluation.

LOW

Environment:
Clinical Treatment services are provided off-site, as identified in each youth's transition plan. The case manager, with a minimum of a Bachelor's degree with appropriate Maryland licensure under the supervision of an LCSW-C on staff, identifies the needed treatment and makes the appropriate referrals to the community based treatment center.

Population Served
Capacity and willingness to serve youth who have low levels of emotional disturbances and/or social development deficits, and whose needs can be met on an outpatient basis

if they are in a stable and supportive living arrangement that provides adequately for their other service needs.

Staff Categories
Case Management services are provided by licensed Bachelors Level staff, under the supervision of an LCSW-C Program Director.

Staff Licensing and Qualifications
Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).

MODERATE

Environment:
Clinical Treatment services are provided off-site as identified in each youth's transition plan. The case manager, with a minimum of a Master's degree with appropriate Maryland licensure, under the supervision of an LCSW-C on staff, identify the needed treatment and make the appropriate referrals to the community based treatment center through established relationships with community providers. Program staff aids in scheduling and transporting as needed to assist with these youth needs being met.

Population Served
Capacity and willingness to serve youth with moderate emotional disturbances and/or social development deficits, whose needs can be met on an outpatient basis if they are in a stable and supportive living arrangement that provides adequately for their other service needs.

Staff Categories
Case Management services are provided by a licensed Master's level staff, under the supervision of an LCSW-C Program Director

Staff Licensing and Qualifications
Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).

HIGH

Environment:
Capacity for clinical treatment services must be available both off-site and on the independent living program site, depending upon the youth's ability to attend treatment in the community. The case manager, with a minimum of a Master's degree and appropriate Maryland Licensure, under the supervision of an LCSW-C on staff, identify the needed treatment and make the appropriate referrals to the community based treatment center through established relationships with community providers. Program

staff aids in scheduling and transporting as needed to assist with these youth needs being met or clinical services are provided on-site per the youth's needs assessment and are directed by the service plan.

Population Served
Capacity and willingness to serve youth with severe emotional and/or behavioral disturbances. They may have social development deficits whose needs can be met on an outpatient basis if they are in a stable and supportive living arrangement that provides adequately for their other service needs. However, some youth require on-site clinical service in order to address their needs.

Staff Categories
Case Management services are provided by a licensed Master's level staff, under the supervision of an LCSW-C Program Director

Staff Licensing and Qualifications
Off-site and on-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).

III. EDUCATION SERVICES

The intensity of educational services offered in Independent Living Program is determined by the scope of professional services available and the settings in which they offered. Educational services include services offered by trained, licensed, and/or certified professionals. Educational services may be offered individually or in combination as determined to be needed in a youth's written service plan. Youth between the ages of 16 through 20 in a private independent program will participate in an educational program that is accredited and approved by the Maryland Higher Education Commission. Private career schools attended by youth must be approved by the Commission as well. Agency invites DSS workers, child advocates, child's legal attorneys or other interest parties to staffing to identify and maintain youth educational services at least every six months and to maintain documentation.

LOW

Environment:
Educational services are provided off site. Youth is enrolled in a high school, graduation equivalency diploma (GED) program, college, university program or private career school program. Youth is capable to participate and benefit from an educational program provided by an approved and accredited school with minimal program support. Case management staff document that youth are enrolled in a full-time or part-time, educational program or a vocational program for special needs. For youth who have children, the program will assist the youth in identifying educational/daycare options for their children.

Population Served
Youth who have an IQ of 65 or above.

Staff Categories
Case Managers and Direct Care Workers

Staff Licensing and Qualifications
Case Managers shall have a master's degree from an accredited school of social worker and be State licensed as a graduate social worker or be State licensed as a social work associate and supervised by a State Licensed graduate or certified social worker.

MODERATE

Environment:
Youth require staff support in identifying or locating an educational program based on individual needs assessment. Youth require staff support in completing necessary paperwork for educational services. Youth may require tutoring services to maintain standards in the educational program. Agency staff identify the youth's educational needs and make appropriate community referrals. Program staff identify community resources and have direct liaisons for continuing educational service needs. Program staff assists with transportation and scheduling appointments as needed. For youth who have children, the program staff will offer assistance with transportation and completing necessary paperwork and scheduling appointments as necessary.

Population Served
Youth who have an IQ of 65 or above.

Staff Categories
Case Managers and Direct Care Staff

Staff Licensing and Qualifications
Direct Care Staff – shall have an AA degree or Bachelor's Degree in a Human Services Related Field and supervised by a State Licensed graduate or certified social worker.

Case Managers shall have a master's degree from an accredited school of social worker and be State licensed as a graduate social worker or be State licensed as a social work associate and supervised by a State Licensed graduate or certified social worker.

HIGH

Environment:
Agency staff offers individual classes, group classes and other instructional materials to assist youth in preparation or continuing educational services. Agency provides group or individual classes in tutoring, computer or educational instruction and/or technical

assistance. Agency has a computer lab on-site equipped with sufficient computers for all youth and is accessible at designated and suitable times for youth in the program.

Agency provides individual or group classes on preparation for higher learning instructions, financial aid, vocational testing, etc. Agency has accessibility to provide its youth certified teachers to provide educational assistance and instruction as needed. The agency establishes liaison with community resources to assist youth with available educational service resources.

For youth who have children, the program staff will offer assistance with transportation and completing necessary paperwork and scheduling appointments as necessary. A designated staff will work directly with the youth and the educational program/childcare in order to ensure that the youth's child is getting the necessary educational services.

Population Served
Youth who have an IQ of 65 or above.

Staff Categories
Case Manager, Direct Care Staff, Parent Educators and Teachers.

Staff Licensing and Qualifications
Case Managers shall have a master's degree from an accredited school of social work and be State licensed as a graduate social worker or be State licensed as a social work associate and supervised by a State Licensed graduate or certified social worker.

Teachers – Maryland certification and licensure requirements.

IV. HEALTH AND MEDICAL SERVICES

Medical and dental services are provided to prepare and assist youth to make the transition to living as self-sufficient young adults. Depending on the degree of severity of physical, emotional and medical services of youth in this population, medical services will be provided at the three levels of intensity.

LOW

Environment:
Resources are established with medical providers. Program staff is responsible for developing written plan for youth's medical needs. Program staff ensures that youth are educated on program specific regulations regarding medication and medical care. Program staff is responsible for monitoring youth's annual medical, dental, and vision care. Medications are maintained by the youth in his or her living environment. If the youth has a child, the youth has the ability to schedule their child's medical appointments and take their child to the necessary medical appointments.

Population Served

Youth have the capacity to self-medicate. Youth are medically stable and have no significant medical problems that need professional management. Youth are capable of scheduling and keeping appointments. Youth are responsible for maintaining health and medical appointments with limited assistance. Youth demonstrate the ability to self-medicate under the written documentation of a certified physician's order. Youth are able to travel to and from appointments.

Staff Categories
Staff shall be available on-call, evenings and holidays to assist with medical crisis; Staff shall be available as needed to monitor for medical conditions. Agency has linkage to 24-hour accessibility and connections to medical providers on as needed basis.

Staff Licensing and Qualifications
Program staff is responsible for documenting in the case plan youth progress with health and medical services and should be trained accordingly. Case manager will be licensed, and have a masters level degree in social work, or be a social work associate and be supervised by a licensed graduate or certified social worker. All staff are certified and trained in CPR and First Aid.

MODERATE

Environment:
Resources are established with medical providers. Program staff is responsible for developing written plan for youth's medical needs. Program staff ensures that youth are educated on program specific regulations regarding medication and medical care. Program staff is responsible for monitoring youth's annual medical, dental, and vision care. Medications are maintained by the youth in his or her living environment. If the youth has a child, the youth has the ability to schedule their child's medical appointments and take their child to the necessary medical appointments. Program staff is available to provide access to community services.

Population Served
Youth are medically stable for the majority of the time spent in the program. They may require assistance with scheduling medical/health appointments, transportation to and from appointments. They may require assistance with medication management (refilling prescriptions, charting medication management), reporting medical compliance to staff. Youth are responsible for maintaining health and medical appointments with assistance. Youth may have specific health problems that require staff monitoring and assistance. Youth are capable of administering own medications with daily reminders. Youth illness may require follow-up visits with the physician for recurring symptoms. If the youth has a child, the youth may require assistance in ensuring that their child attends necessary medical appointments.

Staff Categories
Staff shall be available on-call, evenings and holidays to assist with medical crisis; Staff shall be available as needed to monitor for medical conditions. Designated staff is

capable of assessing, delivering and linking youth to necessary support and resources. Agency has linkage to 24-hour accessibility and connections to medical providers on as needed basis.

Staff Licensing and Qualifications
Case Manager is trained in CPR and First Aid. Social Work staff receives all necessary training specific to health care. Case Manager will be licensed, and have a masters level degree in social work, or be a social work associate and be supervised by a licensed graduate or certified social worker. Designated staff are trained in medication management

HIGH

Environment:
Youth experience recurring medical/mental health crises that may require 24-hour availability of designated program staff. Agency has the capacity to provide staff to support clients with chronic or acute medical conditions. Staff will attend physician appointments and participate in health education planning with the client in regards to the particular illness or need.

Population Served
Youth or the child of a youth if the youth is being served in a teen parent program, may suffer from serious medical/mental health conditions. Youth who have chronic or acute illnesses that may require hospitalization or specialized care can be maintained in an independent living setting. Youth who have medical/psychiatric health conditions may require enhanced supervision, oversight and service coordination.

Staff Categories
Staff are capable of understanding and providing supportive services to youth in medical/mental health crises as needed. Staff are available 24 hours who are aware and knowledgeable of the youth's medical/mental health conditions. Staff are available on site 24 hours to address medical/mental health emergencies that arise. In teen parent programs, the staff are capable of understanding and providing supportive medical/mental health services to, not only the youth, but of their child.

Staff Licensing and Qualifications
Designated staff are trained in medication management. Direct care staff is trained and certified in medication administration. Program staff are specially trained in the medical/mental health conditions presented by youth. Case manager will be licensed, and have a masters level degree in social work, or be a social work associate and be supervised by a licensed graduate or certified social worker.

V. FAMILY SERVICES

Family is defined as any group of people related either biologically, emotionally or legally. That is, the group of people that the client defines as significant for his or her

well-being. McDaniel, S.H., Cambell, T.L., Hepworth, J., & Lorenz, A. (2005). *Family-oriented primary care (2nd ed.).* New York, NY: Springer.

Permanency is of paramount importance to all youth in foster care. Youth in care need continual contact and reinforcement with their identified families. Levels of intensity are reflective of the scope and intensity of services routinely available, and not necessarily the scope or intensity of services used by any particular youth.

Benchmarks for family supports will be based upon the State of Maryland Ready by 21 benchmarks. During their stay in the independent living program, youth will develop an understanding of positive, safe relationships, develop a photo history, and develop a genogram. Youth will identify appropriate, committed adult supports and will understand the importance of developing life long relationships with caring adults. Finally, youth will develop a community resource guide and learn how to develop relationships with his or her family of origin. If applicable, the youth will learn to obtain adequate childcare services.

Family services are delivered and based on the youth's interest in establishing and maintaining connections with his or her identified family.

LOW

Environment:
Programs provide an opportunity for the youth to identify and maintain connection with his/her identified family while the youth is in placement. Placing agency approves the level and scope of visitation.
The youth will learn how to develop relationships with his or her identified family.
Clinical staff provides regular outreach to parents when involved. Independent living programs provide services to youth to help identify any family members and/or other adult supports and mentors, although do not provide intensive services to support these relationships. In teen parent programs, the program will make efforts to involve the non-custodial parent.

Population Served
Youth in this category are those who are primarily able to establish and maintain relationships with their adult support system, including biological family and others identified by the youth. Youth may have little or no contact with biological families. Staff will document contact with these relationships and supports in the youth's record.

Staff Categories
Case Management services are provided by licensed Bachelors Level staff, under the supervision of an LCSW-C Program Director.

Staff Licensing and Qualifications
Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).

MODERATE

Environment:
Programs provide referrals and linkages for services to families; including family counseling/therapies, any specific training in medical care, and/or parenting education. Programs assist in actively seeking out family members. Providing linkages to community based services, activities and school placements. Programs will assist identified families with community-based services, activities, and school placement. Periodically provide opportunities for children and their families to engage in social or recreational activities provided by the program. For teen parenting programs, moderate intensity family services, at least once per month, supplies a licensed mental health professional or a qualified person who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision.

Population Served
Youth in this category are those who require assistance in their engagement and interactions with family members. Families may need concrete services, counseling, and/or psychiatric services to support healthy family relationships. If the youth has a child, they may require assistance in the management of their co-parenting relationship with the child's father/mother and their family.

Staff Categories
Case Management services are provided by licensed social work staff, under the supervision of an LCSW-C Program Director
Case Manager- licensed social worker
Therapist- board certified mental health provider

Staff Licensing and Qualifications
Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW or LCPC).

HIGH

Environment:
High intensity family services will provide on-site family therapies, either provide or ensure access to substance abuse counseling and treatment, and mental health evaluation, counseling and treatment. High intensity family services include active and ongoing case management services to the family that include assistance in identifying and accessing community services, e.g., assistance with making appointments. Programs providing high-level family services have policies and procedures for inviting, and encouraging active family participation during the youth's stay in the program. For

those youth who leave to live with family members, the program will provide outreach to the client and family within two months of discharge to assure they have all services they need.

For teen parenting programs, high intensity family services, at least twice per month, supplies a licensed mental health professional or a qualified person who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision. In addition, a qualified person needs to be available for individual parenting education needs that arise for the youth in the parent/child program. For teen parent programs that have a high intensity for family services, the program will offer parenting education services to the non-custodial parent.

Population Served
Reunification may not be a goal for most of these youth; however, resolving family issues and strengthening family interactions with the youth are viewed by the agency as essential for the youth's healthy growth and development. Youth, family members and other identified adults who are part of the youth's support network that require a high degree of service and support in order to maintain relationships that will support the youth. Families, as specified by youth, may be able to provide resources with direction and counseling from programs.

Staff Categories
Case Management services are provided by licensed social work staff, under the supervision of an LCSW-C Program Director

Staff Licensing and Qualifications
On-site and off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW or LCPC).
Therapist- Board certified mental health provider
Social Worker with Graduate degree and licensure

VI. SCORING MATRIX

Domain	Low	Moderate	High
24 hr Milieu Care &Supervision	6	10	14
Clinical Services	3	5	7
Education Services	2	4	6
Health/Medical Services	1	2	3
Family Support Services	2	3	4

INDEPENDENT LIVING PROGRAM CHECKLIST

Directions: When completing the checklist refer back to the narrative for a more comprehensive description of levels. Please write corresponding number on the lines instead of a check mark. After completing the entire section, total the numbers and divide by the number of categories to find the score. If the score is rounded to 1, the program is Low. If the score is rounded to 2, then the program is Moderate. If the score is rounded to 3, the program is High. Low meets COMAR standards. The rating for the levels of intensity is based on an average over the fiscal year as witnessed at reviews conducted by the licensing coordinator and/or as evidence in case records.

Care and Supervision

Number/Availability of Staff

- ☐ **Low (1):** Direct care staff are available 24 hours per day, although not necessarily scheduled or on-duty at the specific youth apartment sites at all times.
- ☐ **Moderate (2):** Direct care staff are scheduled and on duty 24-hours per day and available for all sites.
- ☐ **High (3):** Direct care staff are scheduled 24-hours per day on-site at each complex where youth reside.

Frequency of Monitoring Site Visits

- ☐ **Low (1):** Provide one daily monitoring site visit for the majority of youth in the program.
- ☐ **Moderate (2):** Provides two daily monitoring two daily site visits for the majority of youth in the program.
- ☐ **High (3):**Provide three or more daily monitoring site visits for the majority of youth in the program including the capacity to provide acute crisis coverage for an individual youth who may be dealing with a time-limited episode and needs continuous supervision for that period.

Life Skills Training

- ☐ **Low (1):** Youth receive five hours per week of life skills training as defined in COMAR 07.05.04. in the first 180 days. In programs that serve youth with children, the life skills training must include information on parenting consistent with COMAR 07.05.04.06B.
- ☐ **Moderate (2):** Program offers five hours per week of life skills training after the first 180 days. In programs that serve youth with children, the life skills training must include information on parenting consistent with COMAR 07.05.04.06B.
- ☐ **High (3):** Program meets requirements for low and moderate. Individualized life skills plans are developed for youth based on formal and informal assessments for every youth. In programs that serve youth with children, the life skills training must include information on parenting consistent with COMAR 07.05.04.06B. In teen parent programs, the direct care staff complete additional training hours in

specific areas such as child development, parent/child attachment and disciplining children that is over and above the COMAR requirements. The program will utilize a formal parenting curriculum that the staff have been trained to implement and the program will have a method for measuring the success of their parenting curriculum.

Living Environment

- ☐ **Low (1):** Program offers a living environment or apartment for independent living and for personal care and support. Teen parenting living environments meet COMAR requirements.
- ☐ **Moderate (2)**: Program provides transition plans for youth that allow youth to take progressive degrees of responsibility for their own support. Teen Parenting living environments help youth create a developmentally enriching environment.
- ☐ **High (3):** Program provides transition plans for youth that allow youth to take progressive degrees of responsibility of their own support. Program offers a continuum of apartment-based environments to allow youth to progressively develop independent living skills and having the opportunity to live in an apartment with their own names on the lease, yet continuing to be in the program. Teen Parenting programs actively ensure youth have developmentally enriching living environments.

Activities

- ☐ **Low (1):** The Independent Living Program has an annual defined resident activity calendar with a minimum of one activity per month.
- ☐ **Moderate (2):** Program has a defined resident activity calendar that has least two planned activities per month.
- ☐ **High (3):** The Independent Living Program has a defined resident activity calendar with three or more planned activities per month for all youth.

Please total your numbers and divide by 5 to determine your program's level for Care and Supervision;

Care and Supervision Program Average _____

Please enter level of intensity from the matrix to determine your program's Care and Supervision level of intensity:

Care and Supervision Level of Intensity _____

Clinical Treatment Services

Population served

- ☐ **Low (1):** Program has the capacity to serve majority of youth with low levels of emotional deficits, whose needs can be met on an outpatient basis if they are in a stable and supportive living arrangement that provides adequately for their other service needs.

- ☐ **Moderate (2):** Program has the capacity to serve youth with moderate emotional and/or behavioral disturbances and/or social development deficits. These needs can be met on an outpatient basis if youth are in a stable and supportive living arrangement that provides adequately for their other service needs.
- ☐ **High (3):** Program has the capacity to serve youth with severe emotional and/or behavioral disturbances and/or social development deficits. The case manager identifies the needed treatment and makes the appropriate referrals to the community based treatment center through established relationships with community providers. Program staff aids in scheduling and transporting youth as needed. Clinical services are provided on-site per the youth's needs assessment and are directed by the service plan.

Staff Categories

- ☐ **Low (1):** Case Management services are provided by licensed Bachelors Level staff, under the supervision of an LCSW-C Program Director.
- ☐ **Moderate (2):** Case Management services are provided by a licensed Master's level staff (LGSW), under the supervision of an LCSW-C Program Director
- ☐ **High (3):** Case Management services are provided by a licensed Master's level staff (LGSW), under the supervision of an LCSW-C Program Director

Staff Licensing and Qualifications where appropriate

- ☐ **Low (1):** Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).
- ☐ **Moderate (2):** Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).
- ☐ **High (3):** Off-site and on-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).

Please total your numbers and divide by 3 to determine your program's level for Clinical Treatment Services:

Clinical Treatment Services Program Average _____

Please enter level of intensity from the matrix to determine your program's Clinical Treatment Services level of intensity:

Clinical Treatment Services Level of Intensity _____

FY 2012 LEVELS OF INTENSITY

Education Services

Individualized Education Plan

- ☐ **Low (1):** Youth are enrolled in high school, GED program, college, university program or private career school.
- ☐ **Moderate (2):** Youth receive assistance in identifying or locating educational programs and completing necessary paperwork.
- ☐ **High (3):** Youth receive individual classes, group classes, and other instructional materials to assist them in preparation or continuing educational services. Youth receive tutoring, and program has computers for educational instructional technical assistance.

Educational Services

- ☐ **Low (1):** Youth are enrolled in high school, GED program, college, university program, or private career school program. Youth are employed or are job-ready.
- ☐ **Moderate (2):** Youth receive assistance with identifying or locating vocational services and educational services. Youth receive assistance with completing necessary paperwork for vocational services and educational services
- ☐ **High (3):** Youth receive vocational services from specialized agency staff, and individual classes and other instructional material to assist youth in preparation for employment and continuing educational services.

Program Interventions

- ☐ **Low (1):** Agency case management staff document that youth are enrolled in a full-time or part-time educational program and/or vocational program.
- ☐ **Moderate (2):** Agency case management staff assist youth in identifying educational needs and appropriate community resources and referrals for continuing educational services as needed. Staff assist youth in identifying vocational services and assist with transportation and scheduling appointments as needed.
- ☐ **High (3):** Agency offers individual classes, group classes and other instructional materials to assist youth in preparation or continuing educational services or vocational services. Specialized staff provide group or individual classes in tutoring, computer or educational services. Agency provides individual or group classes on preparation for higher learning instructions, financial aid, vocational testing, or other services.

Please total your numbers and divide by 3 to determine your program's level for Education Services:

Education Services Program Average _____

Please enter level of intensity from the matrix to determine your program's Education Services level of intensity:

Education Services Level of Intensity _____

Health and Medical Services

Health Issues in Population

- ☐ **Low (1):** Youth have the capacity to self-medicate. Youth are medically stable and have no significant medical problems that need professional management. Youth are capable of scheduling and keeping appointments.
- ☐ **Moderate (2):** Youth are medically stable for the majority of the time spent in the program. They may require assistance with scheduling medical/health appointments, transportation to and from appointments. They may require assistance with medication management (refilling prescriptions, charting medication management), reporting medical compliance to staff. Youth are responsible for maintaining health and medical appointments with assistance. Youth may have specific health problems that require staff monitoring and assistance. Youth are capable of administering own medications with daily reminders. Youth illness may require follow-up visits with the physician for recurring symptoms.
- ☐ **High (3):** Youth suffer from serious medical/mental health conditions. Youth who have chronic or acute illnesses that may require hospitalization or specialized care can be maintained in an independent living setting. Youth who have medical/psychiatric health conditions may require enhanced supervision, oversight and service coordination.

Agency Services

- ☐ **Low (1):** Program staff is responsible for developing written plan for youth's medical needs. Program staff ensures that youth are educated on program specific regulations regarding medication and medical care. Program staff is responsible for monitoring youth's annual medical, dental, and vision care. If the youth has a child, the youth has the ability to schedule their child's medical appointments and take their child to the necessary medical appointments.
- ☐ **Moderate (2):** Program staff is responsible for developing written plan for youth's medical needs. Program staff ensures that youth are educated on program specific regulations regarding medication and medical care. Program staff is responsible for monitoring youth's annual medical, dental, and vision care. Access to community services is available with program staff assistance. If the youth has a child, the youth may require assistance in ensuring that their child attends necessary medical appointments.
- ☐ **High (3):** Agency has the capacity to provide staff to support clients with chronic or acute medical conditions. Staff will attend physician appointments and participate in health education planning with the client in regards to the particular illness or need. Youth or the child of a youth if the youth is being served in a teen parent program, may suffer from serious medical/mental health conditions.

Professional Staffing

- ☐ **Low (1):** Staff shall be available on-call, evenings and holidays to assist with medical crisis; Staff shall be available as needed to monitor for medical conditions. Agency has linkage to 24-hour accessibility and connections to medical providers on as needed basis. Program staff is responsible for documenting in the case plan youth progress with health and medical services and should be trained accordingly. All staff are certified and trained in CPR and First Aid.
- ☐ **Moderate (2):** Staff shall be available on-call, evenings and holidays to assist with medical crisis; Staff shall be available as needed to monitor for medical conditions. Designated staff is capable of assessing, delivering and linking youth to necessary support and resources. Agency has linkage to 24-hour accessibility and connections to medical providers on as needed basis. Case Manager is trained in CPR and First Aid. Social Work staff receives all necessary training specific to health care. Designated staff are trained in medication management
- ☐ **High (3):** Staff are capable of understanding and providing supportive services to youth in medical/mental health crises as needed. Staff are available 24 hours who are aware and knowledgeable of the youth's medical/mental health conditions. Staff are available on site 24 hours to address medical/mental health emergencies that arise. Designated staff are trained in medication management. Direct care staff is trained and certified in medication administration. Program staff are specially trained in the medical/mental health conditions presented by youth.

Please total your numbers and divide by 3 to determine your program's level for Health and Medical Services:

Health and Medical Services Program Average _____

Please enter level of intensity from the matrix to determine your program's Health and Medical Services level of intensity:

Health and Medical Services Level of Intensity _____

Family Services

Professional Credentials

- ☐ Low (1): Case Management services are provided by licensed Bachelors Level staff, under the supervision of an LCSW-C Program Director. Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW, LCPC, and nurse for medication management).
- ☐ Moderate (2): Case Management services are provided by licensed social work staff, under the supervision of an LCSW-C Program Director. Case Manager is a licensed social worker and Therapist is board certified mental health provider. Off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW or LCPC).

- ☐ High (3): Case Management services are provided by licensed social work staff, under the supervision of an LCSW-C Program Director. On-site and off-site treatment services are provided by staff with appropriate credentials and corresponding degrees (e.g. MSW with LGSW or LCPC). Therapist is Board certified mental health provider and Social Worker with Graduate degree and licensure.

Family Support

- ☐ **Low (1):** Youth in this category are those who are primarily able to establish and maintain relationships with their adult support system, including biological family and others identified by the youth. Youth may have little or no contact with biological families. Staff will document contact with these relationships and supports in the youth's record.
- ☐ **Moderate (2):** Youth in this category are those who require assistance in their engagement and interactions with family members. Families may need concrete services, counseling, and/or psychiatric services to support healthy family relationships. Staff will document contact with these relationships and supports in the youth's record.
- ☐ **High (3):** Youth, family members and other identified adults who are part of the youth's support network require a high degree of service and support in order to maintain relationships. Families, as specified by youth, may be able to provide resources with direction and counseling from programs. Staff will document contact with these relationships and supports in the youth's record.

Family Services

- ☐ **Low (1):** Programs provide an opportunity for the youth to identify and maintain connections with his or her identified family. Placing agency approves the level and scope of visitation. Family services are delivered and based on the youth's interest in establishing and maintaining connections with his or her identified family. Clinical staff provides regular outreach to parents when involved. Independent living programs provide services to youth to help identify any family members and/or other adult supports and mentors, although do not provide intensive services to support these relationships.
- ☐ **Moderate (2):** Programs provide referrals and linkages for services to families; including family counseling/therapies, any specific training in medical care, and/or parenting education. Programs assist in actively seeking out family members. Providing linkages to community based services, activities and school placements. Programs will assist identified families with community based services, activities, and school placement. Periodically provide opportunities for children and their families to engage in social or recreational activities provided by the program. For teen parenting programs, moderate intensity family services, at least once per month, supplies a licensed mental health professional or a qualified person who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision.

- ☐ **High (3):** High intensity family services will provide on-site family therapies, either provide or ensure access to substance abuse counseling and treatment, and mental health evaluation, counseling and treatment. High intensity family services include active and ongoing case management services to the family that include assistance in identifying and accessing community services, e.g., assistance with making appointments. Programs providing high-level family services have policies and procedures for inviting, and encouraging active family participation during the youth's stay in the program. For those youth who leave to live with family members, the program will provide outreach to the client and family within two months of discharge to assure they have all services they need. For teen parenting programs, high intensity family services, at least twice per month, supplies a licensed mental health professional or a qualified person who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision.

Please total your numbers and divide by 3 to determine your program's level for Family Support Services:

Family Support Services Program Average _____

Family Support Services Program Level of Intensity _____

Program Staff Review & Approval: Date:

Licensing Agency Approval:

MEDICALLY FRAGILE

Medically Fragile ALU/Residential Group Homes serve children with medical conditions that require specialized care and developmental disabilities may be one of the diagnoses. Many of the children have multiple disabilities and may be dually diagnosed with an emotional or behavioral disorder as well. The treatment of medically fragile children can include multiple medical, nursing, psychological, social services, occupational & physical therapy, and technological interventions. They may additionally require individual or family therapy or psychiatric services.

Children who are medically fragile require technology, special treatment and services, or some form of medical support and intervention to help reach their level of success in the community. Medically Fragile children in ALU/Residential Group Home care can be placed in two distinct levels of care: moderate and high. Due to the nature of the medical conditions of these youth, there is no low level of care and supervision or medical services. These levels are differentiated from one another by the degree of supervision, structure and intensity of services provided to the client.

The children who meet the criteria for the medically fragile Characteristics of Children Served for the levels of low, moderate and high will be served according to the COMAR 14.31.05.03.24 below:

> (24) "Medically fragile child" means a child who is dependent upon any combination of the following:
> (a) Mechanical Ventilation for at least part of the day;
> (b) Intravenous administration of nutritional substances or drugs;
> (c) Other device based respiratory or nutritional support on a daily basis, including tracheotomy tube care, suctioning or oxygen support;
> (d) Other medical devices that compensate for vital body functions including:
> (i) Apnea or cardio respiratory monitors;
> (ii) Renal dialysis; or
> (iii) Other mechanical devices; or
> (e) Substantial nursing care in connection with disabilities.
> (f) May qualify for a REM (Rare and Expensive Management) rate with Medicaid

I. TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

MODERATE

Characteristics Of Children Served:
Children served in Moderate Intensity programs present with advanced medical and social needs related to various illnesses and syndromes. The children may manifest minor or transient episodes of emotional and behavioral problems. They will most likely have incontinence of bowel and bladder that requires diaper changes every two hours and as needed. They will have mild physical and/or developmental disabilities that are

either stable or will require time-limited intervention, with the ability to express choices and satisfaction in a limited manner. Staff will require specific training to perform daily care and supervision functions.

Environment:
The licensee shall provide a community based residential setting that may use a medical model able to care for technology dependent children. The ALU/Residential Group Home's physical environment will need to be adapted to accommodate the child's needs, including installation of adaptive equipment or modifications for accessibility.

- The environment will be structured. Physical plant may need to be tailored specifically to the individual child's needs and adaptations may be necessary (wheelchair ramp, adaptive equipment space requirements, etc.) If the building is large, and the needs of the children require close supervision, additional staff may be necessary to provide adequate supervision.
- Have duct work cleaned at least annually
- Transportation is air conditioned
- Bedrooms are completely wiped down with disinfectant at least weekly
- Physical Plant shall comply with COMAR 14.31.07.07.C. (1) (2) & (3), 14.31.06.07. D. (1-5), & 14.31.07.07.D & E.
  - If specialized equipment is necessary for a child the licensee shall provide adequate square footage space in excess of the minimum standards otherwise required by COMAR 14.31.06.
  - The licensee shall equip the physical plant with sufficient electrical service and outlets for assistive technology or special equipment.
  - The licensee shall maintain a backup generator for electrical outages and if necessary, provide for emergency sources of heat.
  - The licensee shall ensure that each building that houses children:
    (1) Has adequate space for informal and recreational use by children;
    (2) Is not used as a primary residence for any individual other than children placed in the program;
    (3) Is a smoke free and other air pollutant free environment;
    (4) Has walls that are:
      (a) Regularly cleaned or painted; and
      (b) Kept free of perforations, cracks, or punctures; and
    (5) Is maintained in a clean and orderly manner.
  - Emergency Medical Plan. The licensee shall ensure that each child's individual service plan includes a child-specific emergency protocol that is immediately accessible to employees.
  - Emergency Management Plan. As part of its emergency management plan, the licensee shall notify public utilities and the providers of local emergency services of the existence of the program. Additionally, the licensee shall have sufficient vehicles to evacuate all residents in the event of an emergency.

- The medically fragile program must have registered and licensed nursing staff; Certified Medication Technicians and Certified Nursing Assistants pursuant to COMAR 14.31.05. and the Maryland Nurse Practice Act 10.27.11.
- All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).
- The licensee must have a Delegating Registered Nurse and an LPN, may have a Certified Nursing Assistant (CNA) and/or Certified Medication Technician (CMT) who is under the supervision of an RN per the Maryland Nurse Practice Act 10.27.11 and the COMAR 14.31.05. The licensee may need to employ other medical disciplines as identified in the Individual Service Plan (ISP), i.e. Psychologists, Licensed Social Workers, Physical Therapist, Occupational Therapist, Respiratory Therapist, Nutritionists, and any other professional staff the child's needs would dictate. Training related to those disciplines may also be in-serviced to staff.

Program Structure and Staffing Model:

A registered nurse/delegating nurse/case manager will be assigned for monitoring and supervision of health care needs per the Maryland Nurse Practice Act 10.27.11.

- 24 hour nursing supervision with assessments and interventions as required by the Maryland Nurse Practice Act 10.27.11.
- The licensee shall provide technical, medical supports necessary to support & maintain health and well being of the child as identified by the licensed health care practitioner as defined in COMAR 14.31.07.07. B. (1) & (2)
- Periodic safety risks above what is expected for the chronological age of the child.
- At least two trained staff on duty at all times.
- The licensee shall provide technical, medical supports necessary to support & maintain health and well being of the child as identified by the licensed health care practitioner as defined in COMAR 14.31.06.13. A-J
  - B. Staff. The licensee shall.
    (1) Ensure that a health care professional licensed to practice in the State trains child care staff, based on the individual needs of each child; and
    (2) Obtain consultation services from a pediatric medical specialist for input on the placement of and ongoing care decisions regarding children.
- Appropriate registered, licensed and/or certified staff or consultants authorized by the state to provide specific clinical treatment. The medically fragile must have registered and licensed nursing staff and Certified Medication Technicians who are certified nursing assistants pursuant to the COMAR 14.31.05.03.24, 14.31.07.07(B) and the Maryland Nurse Practice Act 10.27.11.
- All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).
- Staff requires specialized training with ongoing reinforcement from medical nursing staff

- The program has an LPN who serves as medical services coordinator

Participation in the community requires portable medical technology devices such as nebulizers, oxygen tanks, feeding pumps, or ventilators. Recreation requires assistance and supervision by a special medically trained caregiver. Transportation may need to be wheelchair accessible, and supervision during transportation usually requires specialized medical training.

HIGH

Characteristics Of Children Served:
Children served in ALU/Residential Group Homes High Intensity programs present with serious medical and /or physical challenges that are debilitating or life-threatening. Staff requires highly skilled specialized training with on-going reinforcement from medical and nursing staff. The ALU/Residential Group Home is equipped or modified with specialized medical equipment to accommodate the child's special needs. Severe to profound developmental and/or physical disabilities require continuous care, in addition to significant observation in order to assess individual's preferences and level of satisfaction.

The licensee must have a Delegating Registered Nurse and an LPN, may have a Certified Nursing Assistant (CNA) and/or Certified Medication Technician (CMT) who is under the supervision of an RN per the Maryland Nurse Practice Act 10.27.11 and the COMAR 14.31.05. The licensee may need to employ other medical disciplines as identified in the Individual Service Plan (ISP), i.e. Psychologists, Licensed Social Workers, Physical Therapist, Occupational Therapist, Respiratory Therapist, Nutritionists, and any other professional staff the child's needs would dictate. Training related to those disciplines may also be in-serviced to staff.

The licensee shall comply with the COMAR 14.31.06.13.for health care. The medically fragile must have registered and licensed nursing staff; certified medication technicians and certified nursing assistants, pursuant to the COMAR 14.31.05 and the Maryland Nurse Practice Act 10.27.11.

Environment:
In addition to the requirements at the moderate level, a program at the high level of care and supervision may require adaptations to accommodate specific medical needs. Hubber tubs may be needed for baths and shower chairs in an adapted bathroom, additional space to accommodate equipment; wheelchair ramps are examples of the adaptations that may be required. Space may be needed for oxygen storage, ventilators, nebulizers, oxygen humidifiers, generators, hydraulic lifts, and scales.

In addition to the physical plant requirements at the moderate level, programs at the high level of care and supervision are required to do the following:

- Non-ambulatory residents live n 1st floor apartments or have their bedrooms on the main level of the home

- Completely wipe down residents' bedrooms with disinfectant at least weekly
- Have air conditioned transportation

Program Structure and Staffing Model:
Intensive and continuous levels of structure, supervision, and monitoring are necessary to provide adequate care. The program will, in most cases, require two primary trained staff (Registered Nurse {RN} or Certified Nursing Assistant {CNA}) per client to effectively accomplish activities of daily living, manage assistive devices, minimize the individual's safety risks and to accompany children on their medical appointments; especially children with vents and oxygen. The program with a high level of care and supervision will require at least two awake overnight staff. Two trained staff to one individual manages most care and the RN delegating nurse/case manager manages the supervision needs. Transportation requires at least two trained staff (LPN and CNA) and a driver.

The licensee must have a Delegating Registered Nurse and an LPN, may have a Certified Nursing Assistant (CNA) and/or Certified Medication Technician (CMT) who is under the supervision of an RN per the Maryland Nurse Practice Act 10.27.11 and the COMAR 14.31.05. The licensee may need to employ other medical disciplines as identified in the Individual Service Plan (ISP), i.e. Psychologists, Licensed Social Workers, Physical Therapist, Occupational Therapist, Respiratory Therapist, Nutritionists, and any other professional staff the child's needs would dictate. Training related to those disciplines may also be in-serviced to staff.

A program providing high level care and supervision will have a Director of Nursing who does not a have a client caseload. RN's do not have a caseload of more than nine clients, with no more than two patients on ventilators.

The program works with private insurance companies and Medical Assistance to obtain additional services and staffing such as private duty nurses that are ordered by a physician.

II. EDUCATION SERVICES

Children in medically fragile programs often have special academic needs, due to their multiple traumas, disabilities and histories of unstable living environments. They are entitled to a free, appropriate education up to the age of 21. It is the responsibility of the licensee in conjunction with the legal guardian to enroll the child in school and to work with educators to ensure academic success according to the agency's policy or provide services in home. Each child should be appointed an education surrogate.

LOW
Children in the Low Education category have educational needs that can be generally met in their community school. They may need some accommodations in order to succeed academically. Surrogate or biological parents may be involved in ensuring the

child's academic success, but the amount of time and effort involved is close to what is considered age appropriate. Examples of low intensity include:

- Students who have IEP plan to address transportation, emotional, medical and educational needs;
- Student receives regular or special education services that require moderate modification.
- Students who have occasional behavior problems
- Student is achieving in school in accordance with his/her level of development
- Educational services are provided in a setting required by MSDE (Maryland State Department of Education

Program Structure and Staffing Model

Children in the Low Education category have educational needs that require multiple accommodations in order to succeed academically. These children may be served in their local school, but will require more assistance to be maintained there. They often will require behavioral interventions in school and during transportation. Surrogate or biological parents must have regular, ongoing involvement in ensuring the child's academic success. Examples of moderate intensity include:

- Students who receive regular or special education services that require moderate modification to setting or curriculum and in-home services from Infant & Toddlers Developmental Services.
- Students may have behavior modification, crisis intervention, social work, PT, OT, speech or medical services available, but can function within their school setting;

Special education and related services are provided in the least restrictive environment in which the IEP can be implemented. The medically fragile child will attend public school with the necessary medical supports in place (ventilator, oxygen, feeding pumps, and any other adaptive equipment as identified in the nursing care plan, as ordered by the physician and listed in the ISP).

Teachers in special education programs which may include speech and language therapists, occupational therapists, physical therapists, social workers, psychologists, psychiatrists and any other appropriate professional staff as identified and required to implement the (IEP). All professions must be certified and licensed in the State of Maryland as their individual profession requires pursuant to the Maryland State Department of Education (MSDE). Staff supports may include home tutoring, transportation assistants and classroom aides.

MODERATE

Characteristics of Children Served:
These children have educational needs that cannot be met by the regular public schools due to the high intensity of medical and nursing needs.

Program Structure and Staffing Model:
They may attend a public specialty school, a non-public school or receive education through home and hospital services.

Teachers, and in special education programs, speech and language therapists, occupational therapists, physical therapists, psychologists, social workers, nurses, psychiatrists, and other related service professionals as required to implement the IEPs of students enrolled. In addition, the licensee will have an educational coordinator/liaison on staff.

III. HEALTH AND MEDICAL SERVICES

MODERATE

Characteristics Of Children Served:

Children served in programs with a moderate level of health and medical services present with advanced medical and social needs related to various illnesses and syndromes. Children in this category have moderate disabilities requiring 24-hour care without intense nursing intervention and may have some additional behavior issues that need to be addressed. They have moderate physical and/or developmental disabilities that are relatively stable, but require ongoing structure and supervision. They may be impaired in expressing preferences and satisfaction either verbally or nonverbally. The children require moderate levels of assistance in accomplishing age-appropriate activities of daily living, and will periodically need the assistance of more than one person for such undertakings. They may lack age-appropriate ambulatory abilities and age-appropriate bladder and bowel control, or are able to do so with the assistance of one staff. They may require several visits to medical appointments .

In most instances. The children will require assistive devices to maintain health. They may require private-duty nursing in the school due to intense medical needs, but may not require private-duty nursing in the residential setting. They will have mild physical and/or developmental disabilities that are either stable or will require time-limited intervention, with the ability to express choices and satisfaction in a limited manner. Staff will require specific training to perform daily care and supervision functions. Staff will require specific training to perform daily care and supervision functions.

Program Structure and Staffing Model:
The licensee shall provide technical and medical supports necessary to support and maintain health and well being of the child as identified by the licensed health care practitioner. The licensee is required to manage a host of health care interventions, which include medication administration, health care follow-up, and the coordination and delivery of various rehabilitative and habilitative therapies. Staff in the residential setting may need to be trained specifically to the individual child's needs and adaptation to the individual's verbal and nonverbal responses. The RN delegating nurse is required to make periodic visits and do assessments by according to COMAR Regulations 14.31.05 and Nurse Practice Act 10.27.11.

Appropriate licensed and/or certified staff or consultants authorized by the state to provide specific clinical treatment. The medically fragile must have registered and licensed nursing staff and certified medication technicians who are certified nursing assistants pursuant to the COMAR 14.31.05.03.24 and the Maryland Nurse Practice Act 10.27.11, 14.31.07.07 (B).

The licensee must obtain consultation services from a pediatric medical specialist for input on the placement of and ongoing care decisions regarding children. This role may be filled by the child's primary care physician. The licensee may have a consulting licensed mental health clinician.

HIGH

Characteristics Of Children Served:
Children in a program with a high of health and medical services have severe disabilities requiring 24-hour nursing care with intense nursing intervention. They require intensive levels of therapeutic on-site assessments and interventions. They may have illnesses that are unstable or deteriorating. They require the management of a host of health care interventions in the home and community, which may include frequent oral suctioning, administration of multiple medications, nebulization treatments, chest PT via vest and manual, monitoring of oxygen intake, monitoring ventilation support, catheterization. Children who are in this level of care require significant coordination of health provider services and delivery of various rehabilitative and habilitative therapies. They may require 24-hour intense nursing care and intervention in the residential setting and will need a nurse (usually supplied by the local school system) to accompany them to school. They frequently require multiple visits to medical appointments with different specialists and must accompanied by two trained caregivers; one of which is a licensed nurse. Some children may require more than forty (40) appointments in one year.

The Registered Nurse/delegated nurse/case manager, LPN, Certified Medication Technician and Certified Nursing Assistant will need to demonstrate a clear understanding of the child's medical history and current conditions. {Reference definition of Medically Fragile Child below}; Children's Regulation 14.31.05.03.24.

Environment:
The licensee shall provide a community based residential setting that uses a medical model able to care for technology dependent. The medically fragile program at the high intensity level must be in a structured medical model setting. Adaptations will be required to accommodate specific medical needs. Hubber tubs may be needed for baths and shower chairs in an adapted bathroom, additional space to accommodate equipment; wheelchair ramps are examples of the adaptations that may be required. Space may be needed for oxygen storage, ventilators, nebulizers, oxygen humidifiers, generators, hydraulic lifts, and scales. Children in the high intensity program requires 24-hour nursing care and intervention.

Program Structure and Staffing Model:
The medically fragile program at the high level of health and medical care service children with severe to profound developmental and/or physical disabilities require continuous care, in addition to significant observation in order to assess individual's preferences and level of satisfaction. Intensive and continuous levels of structure, supervision, and monitoring are necessary to provide adequate care. The program requires two staff per client to effectively accomplish activities of daily living, manage assistive devices, and minimize the individual's safety risks. Two primary trained staff (Registered Nurse {RN}, LPN, Certified Nursing Assistant {CNA} or Certified Medication Technician {CMT}) are required to be in attendance to accomplish activities of daily living and to accompany children on their medical appointments especially children with vents and oxygen. The program must have at least two awake overnight staff. Two trained staff to one individual manages most care and the RN delegating nurse/case manager manages the supervision needs.

In addition to the staffing requirements in the moderate level, the high intensity program with 15 or more clients must have a pediatric medical specialist who may be a physician, a physician assistant or a nurse practitioner on staff. The program will also have an LPN who serves a medical services coordinator.

Staff must have specific training in the medical care needs of the child. The program will have a staff development trainer on staff to meet this need.

IV. FAMILY SUPPORT SERVICES

LOW

Characteristics Of Children Served:
Medically fragile children and families (parents, siblings, and significant relatives) in need of low services are usually not candidates for reunification due to high medical needs. The children at this level require minimal behavioral interventions. Families may be disorganized, dysfunctional, extended, and/or combined.

Program Structure and Staffing Model:
Services are a support to the ISP goals for the child. These services may include community outreach programs and/or in-house trained staff. Biological parents may need ISP specific services, counseling and psychiatric services. The program will provide referrals to social service agencies and other community resources to provide the services needed for families. Staff persons provide regular outreach to biological families. The program employs a Bachelor's level case manager.

MODERATE

Characteristics Of Children Served:

Medically fragile children and their families (parents, siblings, and significant relatives) may need services and interventions.

Program Structure and Staffing Model:
The licensee will provide supports for all medically fragile children with behavioral issues along with parent coping skills training for the family members of medically fragile children. Family participation in treatment planning is required and family participation in treatment is required if reunification is planned. Services are generally provided on site, however, they may need to be provided off site in the family home as reunification approaches. The program provides the following services to families:

- Parent coping skills training
- behavior management strategies
- specific training in medical care
- referrals for family therapy, counseling, or other needed services
- case management

The program employs a full time case manager and at least a half time licensed mental health clinician.

HIGH

Characteristics Of Children Served:

Medically fragile children and their families (parents, siblings, and significant relatives) who require services and interventions for reunification.

Program Structure and Staffing Model:
In addition to the services provided at the moderate level, programs at the high intensity level offer significant services to families, including:.

- The program provided staff for the child to make home visits with the family
- classes/and or group meetings for families of children in care
- family counseling

If parents are incarcerated, dead, prohibited by the courts from seeing the child or otherwise unavailable, the agency designates a “family representative,” based on the child’s wishes and a thorough background check and interview with an agency social worker. Agency Surrogate parents are instructed by the agency on the need to encourage biological family members to visit the child in care and, when possible, to take the child on excursions and other events.

In addition to the case manager, the agency employs a full time licensed mental health clinician.

V. SCORING MATRIX

Domain	Low	Moderate	High
24 hr Milieu Care &Supervision	X	15	25
Education Services	1	3	X
Health/Medical Services	X	15	25
Family Support Services	1	5	15

MEDICALLY FRAGILE CHECKLIST

Instructions: Please write corresponding number on the lines instead of a check mark. After completing the entire section, total your numbers and divide by the number of categories to find your score. If your score can be rounded to 1, your program is Low. If your score can be rounded to 2, your program is Moderate. If your score can be rounded to 3, your program is High.

Care and Supervision

Characteristics of Children Served:

- ☐ **Moderate (2):** Children have mild or moderate physical and/or developmental disabilities that are either stable or require time limited intervention and require portable technology devices to participate in activities in the community

- ☐ **High (3):** Children have serious medical and/or physical challenges that are debilitating or life-threatening

Physical Environment:

- ☐ **Moderate (2):** The physical plant is altered to accommodate children's needs (wheelchair ramps, etc.) the program has specialized equipment such as hubber tubs, duct work is cleaned at least annually and bedrooms are completely wiped down with disinfectant at least weekly.

- ☐ **High (3):** Non-ambulatory residents reside in 1st floor apartments or their bedrooms are on the main level of the home

Staff Training

- ☐ **Moderate (2):** staff requires specialized training with on-going reinforcement from medical and nursing staff and receive 32 hours of annual training beyond the 40 hours mandated in COMAR 14.31.06.05

- ☐ **High (3):** staff receive 40 hours of annual raining beyond the 40 hours mandated in COMAR 14.31.06.05

Staffing Model

- ☐ **Moderate (2):** at least two trained staff on duty at all times

- ☐ **High (3):** at least two primary trained staff per client, at least two awake overnight staff, a full time RN for every 9 clients, with no more than 2 ventilator patients per caseload, programs with 15 or more clients must a Director of Nurses who has no client caseload, program has an LPN as medical services coordinator

Transportation

- ☐ **Moderate (2):** transportation is air conditioned
- ☐ **High (3):** transportation requires at least two medically trained staff

Please total your numbers and divide by 5 to determine your program's level for Care and Supervision

Care and Supervision Program Average _____

Care and Supervision Program Level of Intensity _____

Education Services

Characteristics of Children Served

- ☐ **Low (1):**students have only occasional behavior problems
- ☐ **Moderate (2)**: students have needs that can not be met by regular public schools

Setting

- ☐ **Low(1):** educational needs are generally met in the community schools and/or students may require in-home services from the Infants and Toddlers program
- ☐ **Moderate (2)**: students attend public specialty schools or non-public schools or students may receive educational services through home and hospital programs, the program has a designated Educational Liaison

Please total your numbers and divide by 2 to determine your program's level for Education Services

Education Services Average _____

Educational Services Level of Intensity _____

Health and Medical Services

Characteristics of Children Served

- ☐ **Moderate (2)**: children have moderate disabilities requiring 24 our care without intense nursing intervention, children have moderate physical and/or developmental disabilities that are relatively stable, children lack age-appropriate ambulatory abilities, children lack age appropriate bladder and bowel control, children require assistive devices to maintain health

- ☐ **High (3):** children have severe disabilities that require 24 hour nursing care with intensive nursing intervention, children have illnesses or conditions that are unstable or deteriorating, children require a host of health care interventions in the home and in the community which may include: frequent oral suctioning, nebulization treatments, chest PT, ventilation support, catheterization.

Staffing

- ☐ **Moderate (2)**: children may require private duty nursing at school, the program's pediatric medical specialist may be a primary care physician or a consulting Physician
- ☐ **High (3):** program has an LPN, program with 15 or more has a pediatric medical specialist (physician, PA or nurse practitioner) on staff, program has a staff development trainer on staff

Please total your numbers and divide by 2 to determine your program's level for Health and Medical Services

Health and Medical Services Average _____

Health and Medical Services Level of Intensity _____

Family Services

Characteristics of Children Served

- ☐ **Low(1)**: children may not be candidates for reunification
- ☐ **Moderate (2)** : children may have behavioral issues
- ☐ **High (3)**: children and families require services and interventions in order to achieve reunification

Program Structure

- ☐ **Low(1)**: services provided support the ISP goals, the program makes referrals to social service agencies and other community resources
- ☐ **Moderate (2)**: the program provides parent coping skills training, behavior management strategies, specific training on medical care for the child, family participation in the child's treatment is required if reunification is the permanency plan, services are generally provided on site, but may be provided in the family home as discharge approaches

- ☐ **High (3):** the program provides staff for home visits, the program provides classes or group meetings for the families, the program provides family counseling

Staffing

- ☐ **Low(1)**: the program employs a Bachelor's level case manager

- ☐ **Moderate (2)**: in addition to a full time case manager, the program employs a licensed mental health clinician at least half time

- ☐ **High (3):** in parents are incarcerated, dead, prohibited by the court from contact with the child or otherwise unavailable, the program works to provide a "parent surrogate" and a program with 15 or more client employs a full time licensed mental health clinician in addition to a full time case manager

Please total your numbers and divide by 3 to determine your program's level for Family Support Services

Family Support Services Average _____

Family Support Services Level of Intensity _____

Program Staff Review & Approval: Date:

Licensing Agency Approval:

SHELTERS

The role of shelters in the Maryland's system of children's services is primarily to provide a temporary safe, healthy, and productive living environment for children and youth who are unable to live in their natural homes, the homes of relatives, or in regular out-of-home placements licensed by the State. Regular out-of-home placements typically require some lead time to arrange and there are admission processes that require time to complete. Shelter care is most typically needed on an emergency basis to give families, placement agencies, and various public authorities an opportunity to determine the ongoing services that may be needed by the child and family. By regulation children and youth cannot typically reside in shelter care for longer than 90 days, and 30 to 60 days is the preferred limit to the length of stay in a shelter.

One of the unique skills and features of shelter care programs is their ability to address and meet the needs of a continuously changing and transient population. Shelters must move quickly to stabilize the living environment for children and youth who may be coming from unsafe, dangerous, and inappropriate living situations. Shelters serve as refuges for reassurance and safety, as well as accountability and planning. They are involved in helping children, families, and placement agencies begin to focus on future directions through establishing a culture of support, nurturance, and personal responsibility.

Population Served: There are typically two populations of youth served by Maryland shelters: Youth from the child welfare system who, on an emergency basis, cannot live in their natural homes, or other out-of-home placements due to abuse, neglect, absent or deceased caregivers, and other similar situations are referred to emergency shelters licensed by either the Department of Human Resources or Department of Juvenile Services. Youth from the juvenile justice system who have been adjudicated and or charged with delinquent as well as status offenses that are temporarily unable to return home for a variety of reasons, and are not deemed as needing detention, are most typically placed in structured shelters licensed by the State Department of Juvenile Services. At times the DJS may also place a child in an emergency shelter when she/he is deemed not to be a risk to the community.

The population referred for shelter care services represents the entire spectrum of youth requiring special out-of-home services in that shelters are the funnel through which a wide spectrum of youth pass on their way to other homes, residences, and treatment programs. Shelters are often faced with incomplete histories, background information, or assessment/diagnostic reports at the time a youth arrives. It is not unusual that youth arrive without medical assistance cards, adequate clothing and personal items, medication, and the like. Children and youth referred to shelters may exhibit a variety of maladaptive, disruptive, and/or delinquent behavior and may pose a clear threat to their own safety or the safety of others. In all instances they require intense around the clock supervision and immediately available crisis intervention, including access to supervised time-out. In these regards shelters are often asked to work with the widest of issues, and a spectrum of personal, mental health, social, and family problems without background information and with limited financial resources when compared to other

types of care. The population continuously changes in shelter care. This requires program staff to be able to quickly establish rapport, manage the absence of background information and personal items, (e.g., medication, clothing, personal hygiene supplies), and provide initial screenings and needs assessment on a rapid basis.

Many children and youth who come into shelter care services are determined able to quickly return to natural families and nonresidential care with supportive community involvement, while others require various levels of ongoing evaluation and residential care that at times includes long-term specialized treatment.

Children and youth coming into shelter care have divergent levels of family involvement and support, and families are of varying levels of needed assistance. Shelters accept the fact that families come in many varieties and may include parents, grandparents, other care-giving relatives, surrogates, and guardians.

I. TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

MODERATE

Environment
Children live in structured community and campus based group residential programs that are intended to provide as much as possible a homelike environment, with 24/7 awake staff oversight. Shelters must be capable of assessing and providing for emergency needs of residents and must provide a health evaluation within 24 hours of admission by a medical practitioner. Service Plans are required for each youth. Residents of shelter care attend campus-based approved educational programs or public and private non-residential schools in the community with support and supervision. The shelter may provide special transportation and/or supervision to and from school, remedial instruction, and/or adaptive supports for children with special needs, etc. Recreation and socialization activities typically take place in adult supervised settings, and may take place at the program or in the community.

Population Served
The shelter serves youth referred by DSS and may also serve as an alternative to detention for DJS placed youth when determined that they do not pose an undue risk to the community.

Staffing Model
The majority of ongoing care and supervision is provided by direct care staff that range in background experience and education. Minimally direct care staff possess a high school equivalency and often will possess a bachelor's degree or even graduate training in that programs often utilize part-time, second-job direct care staff. Ongoing training is required of direct care staff in conformity to COMAR regulations. Direct care

staff coverage at the moderate level of intensity meets the level that is necessary to provide 24/7 support and monitoring services for the size and scope of the program.

HIGH

Environment
Children live in highly structured staff secure environments. Shelter care may be provided in community or within campus based group residential programs that are intended to provide as much as possible a homelike environment, with 24/7 awake staff oversight. Shelters must be capable of assessing and providing for emergency needs of residents and must provide a health evaluation within 24 hours of admission by a medical practitioner. Service Plans are required for each youth. Children and youth may attend a program-based school or attend school in the community. The vast majority of services are provided on-grounds or in appropriately supervised off-grounds situations. Community based recreation and socialization activities are available for individuals and small groups under close adult supervision when clients are behaviorally ready and appropriate security can be maintained.

Population Served
The shelter serves youth referred by DSS and may also serve as an alternative to detention for DJS placed youth when determined that they do not pose an undue risk to the community.

Staffing Model
Minimally direct care staff possess a high school equivalency and often will possess a bachelor's degree or even graduate training in that programs often utilize part-time, second-job direct care staff. Ongoing training is required of direct care staff in conformity to COMAR regulations. Direct care staff coverage at high level of intensity in this domain provides and meets the level that is necessary to provide 24/7 support and monitoring services for the size and scope of the program with a minimum of at least two direct care staff on during every shift. Program is capable of providing one-on-one supervision as needed.

II. CLINICAL TREATMENT SERVICES

LOW

The shelter, on an in-house basis, by its own staff is capable of providing prevention, identification of risk concerns, and referral to outside professional service providers. The low level of clinical treatment service provides for limited screening services through guided and structured interview questionnaires, formal approved screening instruments (e.g., SASSI, MAYSI, BSI, etc.), and the like. The program is capable of providing in-house psycho-educational experiences, guided group interactions, crisis intervention, and case coordination and management. Youth are sent out to outpatient clinics for services. Further, psychiatric emergencies are met through referral to a hospital emergency room or other emergent care facility. At a minimum, low intensity clinical

treatment services require a licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed

MODERATE

The shelter, on an in-house basis, by its own staff is capable of providing a wider range of behavioral health services ranging from prevention, to early intervention, and short-term treatment. In addition to the services available at the low level of clinical treatment services, moderate intensity provides psychosocial assessment services, evaluation of suicide risk potential, and more formalized mental health screening and assessment. In addition to the activities offered at low intensity, the moderate intensity program is capable of providing regular and routine time-limited/short-term individual, group, and family counseling/therapy in house. When clinical staff are on duty, psychiatric emergencies are met first in-house and otherwise as needed through referral to a hospital emergency room or other emergent care facility. At a minimum moderate intensity clinical treatment services require a licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed.

HIGH

The shelter, on an in-house basis, by its own staff is capable of providing a wider range of behavioral health services ranging from prevention, to early intervention, and short-term therapy. In addition to the services available at low and moderate intensities, high intensity clinical treatment offers routinely accessible psychiatric/psychological evaluations and interventions. When clinical staff are on duty, psychiatric emergencies are met first in-house and otherwise and subsequently as needed through referral to a hospital emergency room or other emergent care facility. At a minimum high intensity clinical treatment services require a licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed as well as in house services of a psychiatrist, psychologist with access to psychologist. Services at this level of care may be provided at a campus based healthcare unit.

III. EDUCATIONAL SERVICES

LOW

Educational programming for youth is most typically provided through an approved educational program in an off-site private or public school not operated by the provider. In this instance the educational program is arranged and paid for by the Department of Education and not the shelter provider. The shelter provides assistance, transportation, and supervision as needed for youth to attend school. The shelter may provide assistance with homework, remedial learning activities, and cultural educational activities to supplement the educational program provided at school.

MODERATE

Educational programming for youth is always provided through an in-house MSDE approved, Type III transitional school most typically operated by the provided. Services to youth with an IEP are required to be coordinated with the local school system. The educational program is individualized and an attempt is made to coordinate educational services with the home school for each youth. The in-house school is required to provide all MSDE mandated testing in accordance with the required testing schedule. The shelter may provide assistance with homework, remedial learning activities, and cultural educational activities to supplement the educational program at school. The education program component must employ teachers certified by MSDE.

IV. HEALTH AND MEDICAL SERVICES

LOW

Medical services are designed to be offered as close to a homelike venue as feasible and no direct medical services are provided by the shelter. The shelter program operates from a non-medical model and relies on community healthcare providers for the majority of services. Access to community medical care is available through program staff, DSS/DJS worker, or family transportation, and/or public transportation when appropriate. Emergency medical care is provided via hospital based or similar emergent care providers in the community. Somatic and psychiatric medications that may be prescribed by a licensed medical practitioner will be made available to youth who will self-administer under trained staff monitoring and/or through administration by a licensed somatic healthcare practitioner.

MODERATE

Medical services may be available at times via an on-campus health unit that is staffed by a licensed healthcare professional. Such services may be provided on a contractual, as needed basis, for medical assessments and screening, medication monitoring, provision of unimpeded access to medical services, and oversight of medical records and procedures. Such arrangements should allow the shelter to provide services to a youth who may require specialized medical intervention or monitoring, equipment, and the like that necessitates some level of professional oversight, servicing, and/or monitoring. Shelter services themselves operate from a non-medical model and medical care beyond that which can be provided by the health unit are provided by community healthcare providers. Emergency medical care is provided via hospital based or similar emergent care providers in the community. Somatic and psychiatric medications that may be prescribed by a licensed medical practitioner may be made available to youth who self-administer under trained staff monitoring.

HIGH

Full range of medical services are available and routinely provided via an onsite health unit with a medical doctor on staff.

V. FAMILY SERVICES

LOW

Shelter programs are designed in such a manner as to maintain a child or youth connection with his or her family while he or she is in residence whenever this is appropriate, reasonable, and possible. At a minimum the program provides for on-site visitation, phone calls, and under appropriate circumstances off-site visits with families. Family contact typically requires approval of the placement agency. Services to families are reactive at the low intensity level. That is to say that if a family expresses the need of referral services for social, mental health, or other services, the shelter provides such information and referral as is possible.

MODERATE

Shelter programs are designed in such a manner as to maintain a child or youth connection with his or her family while he or she is in residence whenever this is appropriate, reasonable, and possible. At a minimum the program provides for on-site visitation, phone calls, and under appropriate circumstances off-site visits with families. Family contact typically requires approval of the placement agency. Services to families are active at the moderate intensity level. That is to
say in addition to providing families information and referral for social, mental health, or other services as possible, moderate intensity services to families would also include offering regularly scheduled parent or family support groups, limited program-based family counseling, and ongoing family case management when needed and a family avails themselves of the service. Staff who typically perform these activities will at a minimum be licensed social workers and/or professional counselors working as required under regular clinical supervision.

HIGH

Shelter programs are designed in such a manner as to maintain a child or youth connection with his or her family while he or she is in residence whenever this is appropriate, reasonable, and possible. At a minimum the program provides for on-site visitation, phone calls, and under appropriate circumstances, off-site visits with families. Family contact typically requires approval of the placement agency. Services to families are proactive at the high intensity level: That is to say, in addition to providing families information and referral for social, mental health, or other services as possible post placement, at high intensity level, the shelter employs staff to work aggressively with families both on-site and through out-reach, in the community and in home settings. On-sight services will include regularly scheduled parent or family support groups,

professional family counseling, and intensive case management whenever reasonable and possible. Staff who typically perform these activities will at a minimum be licensed social workers and/or professional counselors working as required under regular clinical supervision.

VII. SCORING MATRIX

Domain	High	Moderate	Low
24 hr Milieu Care &Supervision	12	10	X
Clinical Services	6	4	2
Education Services	X	4	2
Health/Medical Services	X	4	2
Family Support Services	4	3	2

FY 2012 LEVELS OF INTENSITY

SHELTERS CHECKLIST

Instructions: For each domain, providers must meet all of the criteria for that level of intensity to be considered at that level of services provided, (i.e. a submission indicating the provision of high intensity services, all criteria for high must be met; or for moderate, all criteria for moderate must be met, not necessarily inclusive of all lower criteria).

Care and Supervision

Moderate Care and Supervision

- ☐ Community or campus based setting that provide as much homelike environment as possible.
- ☐ 24/7 structured supervision
- ☐ Recreation and socialization activities take place in adult supervised settings, including the community.

High Care and Supervision

- ☐ Highly structured milieu with daily routines and where children receive close supervision at all times
- ☐ Program provides and meets the level that is necessary to provide 24/7 support and monitoring services for the size and scope of the program with a minimum of at least two direct care staff on during every shift.
- ☐ Serves as alternative to detention for youth who are not at threat to the community
- ☐ Majority of services provided on site
- ☐ Structured and supervised recreation and socialization activities are provided for all youth within the program and in the community for those youth who are behaviorally ready.

Clinical Services

Low Clinical Services

- ☐ The shelter on an in house basis will provide at a minimum, low intensity clinical treatment services such as screening and structured interviews.

- ☐ The program is capable of providing in-house psycho-educational experiences, guided group interactions , crisis intervention and case coordination and management.

- ☐ A licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed is required.

- ☐ Psychiatric emergencies are met through referral to a hospital or emergent care facility.

Moderate Clinical Services

- ☐ In addition to the activities offered at low intensity, the moderate intensity provides psychosocial assessment services and evaluation of suicide risk.

- ☐ In addition to the activities offered at low intensity, the moderate intensity program is capable of providing regular and routine time-limited/short-term individual, group, and family counseling/therapy.

- ☐ A licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed is required.

- ☐ When clinical staff is on duty, psychiatric emergencies are met first in-house, otherwise as needed through referral to hospital or emergent care facility.

High Clinical Services

- ☐ In addition to services offered at the low and moderate intensity levels, the high intensity offers regular psychiatric/psychological interventions and evaluations on site.

Educational Services

Low Educational Services

- ☐ Educational programming is typically provide by public schools or off-site private schools not operated by the provider.

- ☐ Educational services are not paid for by the provider.

- ☐ The shelter provides assistance, transportation and supervision as needed for youth to attend school.

- ☐ The shelter may provide assistance with homework, remedial learning activities and cultural educational activities to supplement what is provided by the schools.

Moderate Educational Services

- ☐ Educational programming for youth is always provided through an in-house MSDE approved, Type III School that is most typically operated by and financially supported through the providers core shelter funding.
- ☐ Services to youth with IEPs are coordinated with the local school system.
- ☐ The educational program is individualized and attempts are made to coordinate educational services with the home school system for each youth.
- ☐ The educational program provides all MSDE mandated testing in accordance with the required schedule.

Health and Medical Services

Low Health and Medical Services

- ☐ No direct medical services are provided by the shelter.
- ☐ Youth are referred to health care facilities or doctors in the community.
- ☐ Emergency medical care is provided via the hospital or emergent care facility.
- ☐ Medications are made available to youth who will self-administer under trained monitoring or administered by a licensed health care practitioner.

Moderate Health and Medical Services

- ☐ Some medical services, such as medical assessments and screenings, medication monitoring, oversight of medical records and procedures may be available on site and provided by a licensed healthcare professional.

High Health and Medical Services

- ☐ Full range of medical services are routinely provided via an onsite health unit with a medical doctor on staff

Family Support Services

Low Family Support Services

- ☐ The shelter provides for on-site visitation, phone calls and under appropriate circumstances off-site visits with family.

- ☐ Services to families are reactive at this level that is the shelter provides referrals for social, mental health or other services if the family expresses a need.

Moderate Family Support Services

- ☐ In addition to providing families services at the low level, moderate intensity services to families would also include offering regularly scheduled parent or family support groups, limited program-based family counseling, and ongoing family case management when needed and a family avails themselves of the service.

- ☐ Staff who typically perform these activities will at a minimum be licensed social workers and/or professional counselors working as required under regular clinical supervision.

High Family Support Services

- ☐ In addition to providing families services at the moderate level, at high intensity level, the shelter employs staff to work aggressively with families both on site and through outreach, in the community and in home settings.

Program Staff Review & Approval: Date:

Licensing Agency Approval:

THERAPEUTIC GROUP HOMES

Therapeutic Group Homes were created as an alternative to Residential Treatment Centers, and as such are the most intensive community-based services available. Therapeutic Group Homes serve youth aged 6-12 and 12-18 evidencing behavioral and psychiatric problems. Youth referred for placement in Therapeutic Group Homes are typically stepping down from more restrictive environments such as Residential Treatment Centers, Juvenile Justice Facilities, In-patient hospitalizations, High-Intensity Respite, or Diagnostic Centers.

TGH's are designed to promote age-appropriate interpersonal skills, self-sufficiency, and personal responsibility by utilizing an interdisciplinary approach and an individualized range of services that may include individual, group, milieu, family, educational, and behavioral treatment approaches. The programs seek to provide a protective and nurturing environment where each resident can develop the skills necessary for successful re-entry into their home, treatment foster home, or Independent Living Program.

All Therapeutic Group Homes have a 1:3 staff to resident ratio, a licensed mental health professional on-site, and 24 hour overnight staff that must maintain being awake. All children receive individual and group therapy. Family therapy and medication management is available to every child as needed.

I. TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

All Therapeutic Group Homes (TGHs) are required by COMAR to offer the intensity of care and supervision described below; Therefore, there is only one level of intensity for care and supervision for TGHs.

HIGH

Environment:
Children live in structured community or campus based group residential programs, attend campus-based schools (approved educational programs) or community-based public and nonpublic schools with support and supervision such as remedial instruction, staff monitoring of academic progress and participation in all school meetings, and the capacity to provide transportation and/or supervision to and from school when needed. Recreation and socialization activities must take place in adult supervised setting until the child/youth has consistently demonstrated that they can safely participate in unsupervised activities according to program policies. TGH programs need to be staffed, structured and organized to support involvement in prescribed treatment. Staffing ratios of at least one staff person per three children/youth must be maintained during all times when residents are present and awake. Over-night supervision is required by staff that must maintain being awake. Therapeutic and adaptive recreation and socialization services consistent with the needs of children/youth may be made available in-house, in the community and through a combination of both.

Population Served:
Children or youth in a TGH have a diagnosis of mental illness and/or are seriously emotionally disturbed with histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTCs) and are responsive to effective clinical intervention outside of a hospital or residential treatment center setting. High intensity clinical treatment services are appropriate for children who need continuous case management, ongoing assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for the therapeutic group home placement. High intensity clinical treatment services may be appropriate for children in a behavioral milieu, e.g., a program structured for juvenile offenders, when there are indications that such treatment will contribute to the goals of the placement of such youth.

Staff Categories:
Staff include Child and Youth Care Workers (Residential Counselors), Recreation Therapists, Child and Youth Care Supervisors. TGH Programs have highly structured, milieu programs with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior.

Twenty-four hour staff supervision is intensive including staffing necessary to support children's participation in education and treatment activities within and outside of the program's facilities. TGH Programs are largely self-contained, providing most or all of their services as integral parts of the larger program. TGH Programs are structured to vary the intensity of supervision to correspond to the individualized needs of children and their individual responses to the structure and behavioral expectations of the milieu and their participation in school, treatment, recreation and socialization activities. Children may, depending on their level of development and responsiveness to structure and with consideration for their ages and the nature of their abilities and disabilities, participate in extracurricular school activities, and engage in activities in the community with modified supervision regimens. Staffing ratios (of 1:3) and the deployment of staff will be sufficient to provide close and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs. Programs will employ the use of one-on-one interventions to deal with short term crises that threaten continued placement. One-on-one services may or may not be available as an integral part of TGH programs. Typically the level of care and supervision needed requires the availability of treatment and recreation services within the program but clients may also be appropriate to receive services in the community.

II. CLINICAL TREATMENT SERVICES

The intensity of clinical treatment services offered in therapeutic group homes are determined by the scope of professional services available, the setting(s) in which they are offered, and the degree to which they are interactive with milieu treatment services.

MODERATE

Environment:
Therapy services are provided on an outpatient basis in a community setting, and are routinely available to all children in the program. Services are provided as part of an overall treatment plan. The goals of clinical treatment services are compatible with and reinforce the accomplishment of overall treatment goals for the child or youth. Individual, group and family counseling/therapy is available and provided as prescribed in each child or youth's treatment/service plan. Psychiatric consultation and psychopharmacology services are a routine part of treatment. Psychological services are available as needed, provided either by program staff or external consultants. Clinical treatment services to respond to acute crisis will be available through agreements with community-based facilities and providers in a manner that precludes long term or permanent disruption in the child or youth's placement.

Population Served:
Children or youth in a TGH have a diagnosis of mental illness and/or are seriously emotionally disturbed with histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTCs) and are responsive to effective clinical intervention outside of a hospital or residential treatment center setting. High intensity clinical treatment services are appropriate for children who need continuous case management, ongoing assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for the therapeutic group home placement. High intensity clinical treatment services may be appropriate for children in a behavioral milieu, e.g., a program structured for juvenile offenders, when there are indications that such treatment will contribute to the goals of the placement of such youth.

Staff Categories:
Half-Time Clinical Coordinator and Part Time Psychiatrist who meet qualifications of COMAR 10.21.07.14 C & D

Staff Licensing and Qualifications:
Treatment services are provided by licensed mental health professionals in an outpatient clinic or private practice not affiliated with the TGH.

INTERMEDIATE

Environment:
Therapy services are provided by employees and consultants of the TGH or parent organization, and are available as an integrated part of the group home program. Services are provided as part of an overall treatment plan. The goals of clinical treatment services are compatible with and reinforce the accomplishment of overall treatment goals for the child or youth. Individual, group and family counseling/therapy are available and provided as prescribed in each child or youth's treatment/service plan. Psychiatric consultation and psychopharmacology services are a routine part of treatment. Psychological services are available as needed, provided either by program staff or external consultants. Clinical treatment services to respond to acute crisis will be available through agreements with community-based facilities and providers in a manner that precludes long term or permanent disruption in the child or youth's placement.

Population Served:
Children or youth in a TGH have a diagnosis of mental illness and/or are seriously emotionally disturbed with histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTCs) and are responsive to effective clinical intervention outside of a hospital or residential treatment center setting. High intensity clinical treatment services are appropriate for children who need continuous case management, ongoing assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for the therapeutic group home placement. High intensity clinical treatment services may be appropriate for children in a behavioral milieu, e.g., a program structured for juvenile offenders, when there are indications that such treatment will contribute to the goals of the placement of such youth.

Staff Categories:
Half-Time Clinical Coordinator and Part Time Psychiatrist who meet qualifications of COMAR 10.21.07.14 C & D

Staff Licensing and Qualifications:
Treatment services are provided by licensed mental health professionals who are paid staff or consultants of the TGH or parent organization.

HIGH

Environment:
Same as Intermediate, plus, the TGH has a Full Time Licensed Clinical Coordinator(s) who are available to the program to provide treatment services, case management, clinical consultation and supervision to program staff and otherwise enhances the clinical intensity of the milieu.

OR

Half Time Licensed Clinical Coordinator plus additional specialty treatment services, e.g. expressive therapies, delivered by a licensed mental health professional, who works on a minimum of a Half Time basis.

Population Served:
Children or youth in a TGH have a diagnosis of mental illness and/or are seriously emotionally disturbed with histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTCs) and are responsive to effective clinical intervention outside of a hospital or residential treatment center setting. High intensity clinical treatment services are appropriate for children who need continuous case management, ongoing assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for the therapeutic group home placement. High intensity clinical treatment services may be appropriate for children in a behavioral milieu, e.g., a program structured for juvenile offenders, when there are indications that such treatment will contribute to the goals of the placement of such youth.

Staff Categories:
Services provided by paid staff and consultants are available as an integral part of the group home program. At a minimum, therapeutic group homes providing high intensity clinical treatment services will provide case management services, individual and group therapies provided by qualified therapists under the supervision of a psychiatrist, and psychopharmacology services, as integral parts of the group home program. Psychological assessment/evaluation services may be provided on an outpatient basis, but must be available. High intensity clinical treatment services are an essential element of programs serving children with serious mental illness and severe emotional disturbances. Individual service plans must integrate clinical treatment and behavioral intervention strategies and identify the roles played by the child and youth care staff to facilitate the child's involvement in treatment services.

In order to be considered High Intensity, TGH programs must at a minimum employ:

Full Time Clinical Coordinator and Part Time Psychiatrist (staff or consultant) who meet qualifications of COMAR 10.21.07.14 C & D.

OR

Half Time Clinical Coordinator and Part Time Psychiatrist (staff or consultant) plus an additional Half Time credentialed mental health practitioner who provides specialty treatment services, e.g. expressive therapies.

Staff Licensing and Qualifications:
Treatment services are provided by licensed mental health professionals who are paid staff or consultants of the TGH or parent organization.

III. EDUCATION SERVICES

TGH programs shall be classified as moderate or low for education services when they are able to provide access to types of services and settings described below for their residents.

LOW

Environment:
A low level intensity educational program is an educational program funded by the public schools. The TGH provides support for children who attend schools off grounds and maintain communication with the school as needed.

Population Served:
Students who are able to participate and benefit from an educational program provided by the public schools to meet general or special education objectives.

MODERATE

Environment:
A TGH shall be classified as moderate level intensity for educational services if it is able to access for its residents either regular, alternative or special education services in a public school setting or a nonpublic school setting as appropriate for the child or youth's needs, and also offers tutoring to residents during non school hours in weeks that school is in session. TGH Staff provide consistent supervision and supports for children who attend public or off-grounds nonpublic schools, e.g. maintaining regular communication with school staff regarding students' academic progress and behavior in school, consistently attending school meetings regarding residents' educational needs, and advocating continuously for the educational needs of residents. All such activities are intended to integrate residents' education with the overall TGH program.

Population Served:
Students for whom community-based public or nonpublic school settings and regular, alternative or special education services are deemed appropriate.

Staff Categories:
Staff assigned to provide liaison with school personnel should have sufficient understanding of residents' educational needs, their educational rights under the law and have the requisite communication skills to advocate effectively and tactfully with school personnel. Tutors may be professional staff employed solely for the purpose of providing tutoring or may be direct care staff who are competent to provide tutoring, but may not be part of the direct care staff complement while they are providing tutoring.

HIGH

Environment:
The educational program shall include special education services for those children and youth who require this level of service. The TGH provider or its parent organization must hold a certificate of approval from the Maryland State Board of Education to operate a nonpublic school. The educational program must have an appropriate curriculum, instructional materials and equipment and certified teachers to implement the instructional program. The TGH also offers tutoring to residents during non school hours.

Population Served:
Students whose educational needs cannot be met in a community-based public school.

Staff Categories:
All professional specialties required to implement the IEPs of students enrolled.

Staff Licensing and Qualifications:
Meet all Maryland certification and licensure requirements

IV. HEALTH AND MEDICAL SERVICES

Certain medical and dental services must be provided to all children in residential care, including treatment foster care, in accordance with Family Law. All therapeutic group homes that administer medication must have an RN delegating nurse/case manager and staff administering medication must be certified as medication technician in compliance with COMAR 10.27.11 Depending on the degree of severity of physical handicaps and medical service needs of child populations served, medical services will be provided at the two levels of intensity.

LOW

Environment:
Environment is designed to be as close to “home-like” as feasible. Non-medical model is utilized. Liaisons are established with community pediatric/physician providers, dentists, etc. Access to community services is available through program staff, and/or public transportation with staff to accompany child.

Population Served:
Clients are medically stable and do not have significant medical problems that need daily professional management (M.D., R.N., etc.) Clients with stable somatic conditions (i.e. diabetes, asthma) can be served.

Staff Categories:
Trained child-care staff administer (or monitor youth self-administration according to program policy) non-prescription medication and prescription medication at a physician's direction for somatic illness or to assist in the ongoing management of chronic physical, behavioral and/or emotional disorders.

Staff Licensing and Qualifications (Where Appropriate):
Staff will be trained in medication monitoring, storage and reporting, first aid and CPR.

MODERATE

Environment:
The environment is to be as close to home-like as possible. It may have specialized equipment for certain clients as needed (e.g. nebulizer, specialized medications) and may have an infirmary available for treatment of medical conditions under supervision of a physician.

Population Served:
Clients are medically stable for the majority of the time spent in the program some may require specialized medical care (e.g. youths with AIDS, asthma, diabetes, etc.).

Staff Categories:
Physician is available on call, through contract, or clients are treated by their personal physician. A RN is available to come on-site as needed during days, and on call evenings and holidays for telephone consultation. Nursing services provided must include on-site services such as medication record review/monitoring, staff training and consultation on a minimum of a monthly basis. Physicians, nurse, physical therapist, are available to clients as needed for specialized medical conditions. A Certified medication technician under the supervision and delegation of a LPN or RN may administer prescription medications, with an exception that only a RN may administer injectable medication. Under the direction of a physician, a RN may train the youth to inject somatic medications.

Staff Licensing and Qualifications (Where Appropriate):
M.D.'s - board Certified, licensed to practice in Maryland
R.N.'s - licensed to practice in Maryland
Staff will be trained in medication administration, storage and reporting, and in first aid and CPR.

V. FAMILY SERVICES

Family Services are to be provided to children in therapeutic group homes based on their individual needs and circumstances. Among children placed in therapeutic group homes, there is a continuum of family involvement ranging from no contact with family members to full family involvement in most aspects of a child's care and treatment. Except in instances where family involvement is precluded by a Court order or a child's family refuses to have contact with the child, every therapeutic group home must, at a minimum maintain ongoing communication with the child's family members, allow for and accommodate family visitation and permit and facilitate telephone and letter communication between the child and his/her family members. These actions do not constitute family services in the context of levels of program and services intensities. All therapeutic group homes will provide a written description of the scope and intensity of the family services they offer available to all referral and placement agencies and to parents.

The intensity of family services offered in therapeutic group homes are determined by the degree to which families are encouraged and able to be involved in assessments/evaluations of their children's needs, the scope of family services available and the extent to which parent/family involvement in treatment is encouraged and supported by the program. Levels of intensity are reflective of the scope and intensity of services routinely available and not necessarily the scope or intensity of services used by any particular family, recognizing that family availability and participation may vary widely among the families of children placed in therapeutic group homes. At the highest level of intensity, family services interact with milieu services, clinical treatment services and education/special education services. Except in instances where children have no identified family members or where family members are precluded from participation by a Court order, therapeutic group homes are to make continuous efforts to actively involve parents and family members in an initial and ongoing assessment of their children's needs and in the development of Individualized Treatment Plans (ITPs) and Individualized Education Plans (IEPs) where applicable in the discharge plans.

Family services are provided by licensed and/or certified professionals and qualified para-professionals including: case managers, licensed therapists, licensed counselors, child care workers and transportation aides. Services may be offered individually or in combination as determined to be needed in a client treatment plan. The characteristics of children for whom differing levels of family services are provided are not a primary factor in deciding the scope or intensity of services provided to particular children/youth. Rather, decisions about the level and intensity of services are determined by the availability and willingness of parents/families to participate in treatment and the capability or level of service offered by the therapeutic group home.

MODERATE

Environment:
These services are designed to maintain the child or youth's connection with his family while he/she is in placement. The staff will provide opportunities for regular contact between the child/ youth and family and coordinate services for the family while the child is in their care. The staff will also help families' access services. Direct services to families will be provided through involvement of family in the youth's treatment process. The goal of service delivery is typically to preserve or reunify the family. Case management is crucial, not only for accessing and coordinating services, but also for ensuring the smooth transition from the service delivery system to the community at large.

Population Served:
Parents, guardians, and in some cases siblings, and other relatives providing kinship care of children and youth in placement. The parents may primarily need concrete services or counseling and psychiatric services. Many families may be part of a broad, extended family system or the individual parent may have complex needs. Families who need to learn to manage children/youth with complex behaviors, e.g. seriously emotionally disturbed (SED) children and youth require this intensity of service.

Staff Categories:
Residential Care Specialists (Youth Counselors)
Case Manager - minimum of Bachelor's Degree
Clinical Coordinator - must have Master's Degree in a behavioral science and be a licensed mental health professional according to Maryland law.

Staff Licensing and Qualifications
If providing direct clinical services to families, must be a licensed mental health professional, as defined by Maryland law.

HIGH

Environment:
In addition to services at moderate intensity level therapeutic group homes or its parent agency provides family support or parent education groups on a regular (at least monthly) basis. In addition, they will develop Family Service Plans (or will include the same information in the Family section of the ITP) which distinguishes the services to be provided to the family by the therapeutic group home and those to be provided by other providers, e.g., community-based mental health and/or substance abuse services, and/or supports related to housing, employment, etc. They will either provide or facilitate access to substance abuse counseling and treatment whenever needed. High intensity family services include active and ongoing case management services to the family that includes assistance in identifying and accessing community services, e.g., assistance with making appointments. Therapeutic group homes at this level have policies and mechanisms for inviting, and encouraging active family participation in their child's

treatment. They have policies and mechanisms to ensure parent/family involvement in the program as members of advisory groups, participants on quality assurance teams, and participation in milieu program activities. Prior to a child's discharge, the therapeutic group home will help parents/families identify the appropriate school placement and other community based services and activities and will work with parents/families to ensure the timely enrollment of their children in school and enrollment/placement in community-based programs and services identified in the discharge plan. High intensity family services include short term follow up 30 to 60 days to assist the child and family.

Population Served:
Same as Moderate, plus, parents need additional parenting skills and greater understanding of the behaviors presented by their SED children/youth beyond what can be provided through family counseling alone.

Staff Categories:

Same as Moderate, plus Parent Educator must have a minimum of a Bachelor's Degree.

Staff Licensing and Qualifications
Same as Moderate

VII. SCORING MATRIX

Domain	Low	Moderate	Intermediate	High
24 hr Milieu Care &Supervision	X	X	X	10
Clinical Services	X	6	10	16
Education Services	0	1	X	2
Health/Medical Services	1	2	X	X
Family Support Services	X	2	X	5

FY 2012 LEVELS OF INTENSITY

THERAPEUTIC GROUP HOME CHECKLIST

Care and Supervision

Instructions: Please check that staffing levels are consistent with the COMAR requirement. There is one level of care for this service category.

- ☐ **High:** One staff member for every 3 children in the TGH. [COMAR 10.12.07.13 B]

CLINICAL SERVICES

Instructions: Please check the appropriate level of service being provided by the TGH. There are three levels of care for this service category.

- ☐ **Moderate:** The TGH has a Licensed Clinical Coordinator on duty at least half time. Therapy services are provided on an outpatient basis in a community setting (e.g., OMHC or private practice).

- ☐ **Intermediate:** The TGH has a Licensed Clinical Coordinator on duty at least half time. Integrated (agency owned) therapy services are provided by a licensed mental health practitioner who is an employee or consultant of the TGH or parent organization.

- ☐ **High:** There is a Licensed Clinical Coordinator(s) on duty at each TGH for 40 hours a week (or 32 or 35 hours a week if that is the standard for "full time" employment in that organization) ***OR***

- ☐ **High:** There is a Licensed Clinical Coordinator(s) on duty at each TGH at least half time ***AND*** A certified therapist(s) on-site at least half-time provides one of these commonly recognized modalities:
  - art therapy
  - music therapy
  - movement therapy
  - other therapy

Education Services

Instructions: Please check the appropriate level of service being provided by the TGH. There are three levels of care for this service category.

- ☐ **Low:** Education occurs in the local public school.

- ☐ **Moderate:** Education includes all of the following criteria, for at least one child
  - Agency has contact notes for the previous 3 months of tutoring services.

- Tutoring assistance with academic needs is beyond the regular supervising of homework.
- Tutoring is identified as a need in the treatment plan.
- Tutoring is regularly scheduled.
- Tutoring is identified at least once a week for at least one student during the regular school year (summer/extended holidays excluded).
- Qualified agency staff may do the tutoring but the staffing must be in addition to the 3:1 supervision ratio.
- Agency is an active participant in the child's IEP.
- Agency coordinates with LEA to ensure placement and acts as a liaison to school.
- Agency arranges for school transportation.
- Agency coordinates clinical, behavioral and educational issues into their treatment plan.
- Agency provides school uniforms and supplies as needed.

☐ **High:** Agency or its parents organization holds a certificate from MSDE to operate a non-public school that offers special education services and provides tutoring as stated above in moderate education services.

Health and Medical Services

Instructions: Please check the appropriate level of service being provided by the TGH. There are two levels of care for this service category.

☐ **Low:** Youth are medically stable and staff is trained to monitor the youth's self-administration of medications taken by mouth.

☐ **Moderate:** RN is available to come on-site as needed during day shifts and on-call 24/7 for telephone consultation. The nursing services must include on-site services such as medication review/monitoring, staff training, and consultation on a monthly basis (minimum). Only a nurse may administer injectable medication but under a physician's order, a RN may train the youth to inject somatic medication.

Family Support Services

Instructions: Please check the appropriate level of service being provided by the TGH. There are two levels of care for this service category.

☐ Moderate: Agency involves family in treatment process and shows documentation.

☐ High: TGH or its parent agency offers family involvement in the treatment process plus at least once a month the agency supplies a licensed mental health

- ☐ professional or a qualified person who has completed training in the facilitation of parent education groups and/or parent support group. - This person invites parents and delivers at a scheduled time either:
    - a parent education group OR
    - a parent support group

Program Staff Review & Approval: Date:

Licensing Agency Approval:

FY 2012 LEVELS OF INTENSITY

TO BE COMPLETED BY TGH CEO/ADMINISTRATOR FOR FISCAL YEAR 2012
PROPOSED CHANGES IN THE LEVELS OF INTENSITY
FOR
THERAPEUTIC GROUP HOMES

_____TGH
Date: ___/___/_____

During the fiscal year beginning on July 1, 2011, I propose to change from **moderate** clinical services to **intermediate** clinical services by providing (please check **intermediate** below):

- ☐ **INTERMEDIATE CLINICAL SERVICES:** Integrated (agency owned) therapy services provided by a licensed m mental health practitioner who is an employee or consultant of the TGH or parent organization

During the fiscal year beginning on July 1, 2011, I propose to change from **intermediate** clinical services to **high** clinical services by providing (please check one of the two options below):

- ☐ **HIGH CLINICAL SERVICES** :Licensed Clinical Coordinator on duty at each TGH for 40 hours a week (or 32 or 35 hours a week if that is the standard for "full time" employment in that organization)

OR

- ☐ **HIGH CLINICAL SERVICES**: Licensed Clinical Coordinator on duty at each TGH **at least half time *AND* A specialty therapist on-site at least half-time** provides one of these commonly recognized modalities:
  - art therapy
  - music therapy
  - movement therapy
  - other therapy

These expressive therapies are an enhancement to the client's treatment plan and are delivered by a professionally trained and properly credentialed person.

During the fiscal year beginning on July 1, 2011, I propose to change from **low** education services to **moderate** which includes all of the following criteria (please check **moderate** below):

- ☐ **MODERATE EDUCATION SERVICES**
  - Agency has contact notes for the previous 3 months of tutoring services.
  - Tutoring assistance with academic needs is beyond the regular supervising of homework.
  - Is identified as a need in the treatment plan,

- Is regularly scheduled,
- **Is provided at least once a week for at least one student during the regular school year (summer/extended holidays excluded).**
- Qualified agency staff may do the tutoring but the staffing must be in addition to the 3:1 supervision ratio.
- Agency is an active participant in the child's IEP.
- Agency coordinates with LEA to ensure placement and acts as a liaison to school.
- Agency arranges for school transportation.
- Agency coordinates clinical, behavioral and educational issues into their treatment plan.
- Agency provides school uniforms and supplies as needed.

During the fiscal year beginning on July 1, 2011, I propose to change from **moderate** to **high** education services by providing (please check **high** below):

☐ **HIGH EDUCATION SERVICES:** Agency or its parent organization holds a certificate from MSDE to operate a non-public school **that offers special education services and provides tutoring as stated above in Moderate Education Services.**

During the fiscal year beginning on July 1, 2011, I propose to change from **low** health & medical services to **moderate** by providing (please check **moderate** below):

☐ **MODERATE HEALTH & MEDICAL SERVICES**

- RN available days (how is available operationalized), on call evenings and holidays;
- Only a nurse may administer injectable medication but, under a physician's order, an RN may train the youth to inject somatic medication.

During the fiscal year beginning on July 1, 2011, I propose to change from **moderate** family support services to **high** by providing (please check **high** below):

☐ **HIGH FAMILY SUPPORT SERVICES :** offers family therapy plus **at least once a month**; the agency supplies a licensed mental health professional or a qualified person who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision. This person invites parents and delivers at a scheduled time either

- a parent education group ***OR***
- a parent support group

For other changes, i.e., from **high** clinical services to **moderate** clinical services or from **high** family support services to **moderate** family support services, or from **moderate** health & medical services to **low** health & medical services, etc., please complete below:

During the fiscal year beginning on July 1, 2011, I propose to change from _____ to _____ by _____
_____
_____
_____

TGH CEO Signature: Date:

Print name:

TREATMENT FOSTER CARE

FY 2012 LEVELS OF INTENSITY

Code of Maryland Regulations (COMAR) *07.02.21.03 B (17) defines Treatment foster care as "a 24-hour substitute care program, operated by a licensed child placement agency or local department of social services, for children with a serious emotional, behavioral, medical or psychological condition."* Youth placed in treatment foster care (TFC) may also be young mothers placed with their children, only in the case where it is stipulated on the license or there is specific the Office of Licensing and Monitoring (OLM) approval for that child. Only the youth who qualifies for TFC qualifies for the IRC negotiated per diem rate of payment unless the per diem rate includes both mom and her child.

Child Placement Agencies (CPA) consist of Maryland licensed child placement staff, agency administrative staff, and certified treatment parents who provide a continuum of services within local communities for youth aged 0-21 in out-of-home care. Child Placement Agencies are licensed every two years and audited quarterly by the Department of Human Resources Office of Licensing and Monitoring.

Treatment Foster Care is a family-based service for youth in out-of-home care with a variety of needs who require specialized care. Youth are placed with treatment parents, *"Caretaker(s) who (are) licensed and trained by a child placement agency to perform parenting duties; and responsible for implementing, monitoring, and assessing the progress of a child's individual treatment within the home setting," (*COMAR *07.02.21.03 B (18)).* To qualify for treatment foster care placement, youth must be diagnosed with a serious emotional, behavioral or psychological condition; a serious medical condition; a developmental disability or have a documented need for a high level of treatment in a family setting *(*COMAR *07.02.21.06 A)*. The youth are served through an integrated constellation of treatment and services with key interventions and supports provided by treatment parents who are trained, supervised and supported by qualified program staff. Treatment foster care programs develop individualized treatment plans for each youth that detail a written description of the objectives, goals and services required to address the needs of the youth, including the youth's projected length of stay in the program (COMAR *07.02.21.03 B (19)).* The treatment of youth is individualized and can include multiple services, provided by a team of professionals, led by qualified agency staff. The treatment parents are specifically trained to provide key interventions in the home and community to promote the youth's physical and mental health, development, community integration and permanency plan. The program provides support and services to the youth's biological/identified family, involving them in the care and treatment of the youth while promoting the permanency plan of the youth.

The Level of Intensity (LOI) Scale defines the scope and array of services that may be available within a program to meet the needs of youth and their families. The program must demonstrate this level of intensity of service to be the norm, as evidenced by documentation within the records over the course of the previous fiscal year. In the case of Treatment Foster Care for mother/child, and medically fragile youth, levels of intensity only qualify if the license is specific to that population. The Service Intensity Levels will distinguish capabilities in five service domains. These are placed on a continuum of low, moderate and high. **The low level meets the standards as set by**

COMAR, while moderate and high levels include the provision of additional services.

The five domains are:

- **Twenty-Four-Hour Milieu Care and Supervision**
- **Clinical Treatment Services**
- **Education Services**
- **Health/Medical Services; and**
- **Family Support Services**

It is important to note that these scales are measuring program services offered. Of necessity, there will be differences in programs' structure that will affect the array and provision of treatment services. Treatment Foster Care programs should be formed around a well-articulated philosophy and mission, which demonstrate understanding of the needs of youth served. It is understood that treatment is individualized to each youth's needs and not all youth placed in a particular program will receive all the services a program has to offer. Each youth's needs should be part of a formal evaluation process by the youth's treatment team at least quarterly or as determined by the specific needs of the youth given current circumstances.

I. TWENTY-FOUR-HOUR MILIEU CARE AND SUPERVISION

Treatment foster care programs must provide care, supervision, recreation, socialization, and transition services for each youth in an environment that enables and supports the youth's participation in treatment, educational services and the community. Certified treatment parents provide 24 hour a day/7 day a week care and supervision to youth in community based foster homes. Program Child Placement Workers are responsible for monitoring each youth's foster home placement through a minimum of twice monthly face to face contacts with the youth and treatment parent, phone contact, agency meetings and after-hours support. In all cases, treatment parent care and supervision should be sufficient to ensure the maintenance of a safe and therapeutic environment. Disabilities, which may be physical, mental/emotional, developmental or social, should not be the principal factor determining the appropriate level of intensity of care and supervision of the youth. Instead, this determination should be based on the youth's need for structure and supervision to ensure participation in treatment, school and the community. The treatment parent, independently or in concert with another certified adult caregiver, will be available to the youth on a twenty-four hour a day basis and will ensure that the youth receives close supervision consistent with his/her developmental age and functioning and individual needs. The treatment parent will also ensure that the youth is engaged in developmentally appropriate activities in the community with developmentally appropriate adult supervision, and in treatment services as they are prescribed. In the specific cases of treatment foster care for mother/baby, and medically fragile youth, there may be additional coordination of service, supervision and community integration issues to manage and address. The treatment parent will ensure that the youth participates in the necessary and appropriate transition services to ensure functioning as independently as possible in the community.

The treatment parent will work in concert with the youth's caseworker, teacher, and involved clinicians as needed and as prescribed in the youth's treatment plan. At regularly prescribed intervals, the treatment parent will play a key role in evaluating the level of care and supervision required by the youth. In addition, the number of placements in the treatment families, the size of child placement worker caseloads, and the frequency of child placement staff monitoring must be adjusted to meet the needs of the youth. The rating for this section is based on an average over the fiscal year as witnessed at reviews conducted by the licensing monitor and/or as evidenced in monitoring reports.

LOW

Population Served.
Youth in the low intensity Care and Supervision category have mild symptomology related to their behaviors, emotions, developmental status or medical conditions. The treatment parent will need to demonstrate a clear understanding of the youth's specific needs and demonstrate capacities necessary in effectively managing symptoms presented. The treatment parent's home environment will meet COMAR regulations.

*Examples of **Low** intensity youth may include:*

- Infrequent temper tantrums
- Poor peer relationships
- Verbally oppositional at times
- Sad frequently
- Withdrawn or overly clingy
- Difficulty attaching
- Difficulty following structure or rules without minor intervention
- Age inappropriate expression of emotions and behaviors
- Asymptomatic HIV disease
- Failure to thrive
- Apnea
- Intra-uterine drug exposure
- Mild seizure disorders
- Mild complications related to premature birth
- Mother/child programs, who have a license specifying such, typically do not fit in this category

Program Structure & Staffing:

- Case loads for Child Placement Workers are set at a maximum of 10
- Homes have no more than two youth, with one certified treatment parent
- Program provides no access to planned and crisis respite care
- Child Placement Workers have face to face contact with treatment youth and treatment parents a minimum of two times per month

Certified Treatment Parent Qualifications:

- A home study conducted by a Child Placement Worker
- A high school diploma
- Documentation of 24 hours of pre-service training
- Documentation of 20 hours of annual in-service training or 24 hours of in-service training for mother/child programs

MODERATE

Population Served

Youth in the moderate intensity Care and Supervision category have moderate symptomology related to their behaviors, emotions, developmental status or medical conditions. In addition, the treatment parent will demonstrate a clear understanding of the youth's specific needs and the capacity to manage behaviors and prescribed interventions. They will require specific training to address the complexity and intensity of the youth's needs. In addition, the agency Child Placement Worker monitors each youth and treatment parent more frequently than twice per month face to face contact.

*Examples of **Moderate** intensity youth may include:*

- Frequent temper tantrums
- Aggressive behaviors with peers
- Oppositional behaviors
- Depression
- Stealing
- Lying
- Sexually provocative behavior
- Does not respond to discipline
- Risk taking behaviors
- Infrequent alcohol and/or drug use
- Infrequent AWOL
- History of psychiatric hospitalization
- HIV disease with advanced medical needs
- Reactive Airway Disease
- Burns requiring Jobst garments
- Obstructive apnea
- Gastrostomy tube dependency
- Insulin-dependent diabetes
- Mild to Severe Autism Spectrum
- Requires significantly more supervision than same age peers
- Requires more supervision and prompts to perform Activities of Daily Living (ADL) than same age peers

Program Structure & Staffing:

- Case loads for Child Placement Workers are set at a maximum of 9 or a maximum of 8 for mother/child programs

- More than half of treatment foster homes with two treatment youth have two working certified caregivers
- Program provides treatment parents with access to at least 12 days of respite per year per treatment youth
- Child Placement Worker has face to face contact with treatment youth and treatment parent a minimum of 3 times a month

Certified Treatment Parent Qualifications:

- All requirements for Low are met
- Certified treatment parents receive at least 4 additional hours of training above the requirement for Low or 26 hours of annual training for mother/child programs.

HIGH

Population Served

Youth served in the high intensity Care and Supervision category have serious symptomology related to their behaviors, emotions, developmental status or medical conditions. Youth exhibit destructive behaviors on a regular basis, which may pose a possible threat to self or others, or youth have serious medical conditions that pose a threat to their life. Youth will often require extensive assistance to function in the home and community. The treatment parent will provide constant interventions based on the treatment plan and part of a prescriptive treatment model or curriculum that ensures safety of the youth, the family, and community. In addition, the agency Child Placement Worker typically monitors each youth and treatment parent more frequently, with a minimum of four face to face contacts a month.

*Example of **High** intensity youth may include:*

- Destructive behaviors
- Verbally and physical threatening to peers and adult
- Episodic aggression towards peers and adults with episodic isolative behavior
- Extreme and constant withdrawn behavior
- Suicidal ideation with or without plan
- History of psychotic symptoms control with medication
- Extreme risk taking behaviors
- Frequent alcohol/and or drug use
- Chronic AWOL
- Criminal behavior
- Two or more recent disruptive placements due to behavior
- Sexual acting out with episodic sexual aggressive behavior
- Psychiatric hospitalization with in previous 6 months
- Debilitating Cerebral Palsy
- Abdominal Peritoneal dialysis
- Tracheotomy tube dependency
- Ventilator dependency
- Total parenteral nutrition (TPN)

- Oxygen dependency
- Terminal stages of illness
- AIDS with ongoing exacerbations
- Seizure disorder not controlled by medication
- Autism accompanied by self-injurious behavior, non-verbal and/or requires significant environmental safeguards
- Requires total and non-age appropriate assistance with ADLs

Program Structure & Staffing:

- Case loads for Child Placement Workers are set at a maximum of 8 or less or a maximum of 6 or less for mother/child programs.
- More than half of treatment foster homes have only one treatment youth (in the case of mother/child programs, only the mother qualifies for TFC level of care), or more than half of treatment homes with two treatment youth have a stay-at-home certified caregiver
- Child Placement Worker has face to face contact with treatment youth and treatment parent a minimum of four times a month
- Program provides treatment parents with access to more than 12 days per year per treatment youth

Certified Treatment Parent Qualifications:

- All requirements for Low are met
- Certified treatment parents receive at least 8 additional hours of training above the requirement for Low, and program has programming to offer extensive training curriculum to treatment parents

II. CLINICAL TREATMENT SERVICES

The clinical services domain comprises the mental health and developmental needs of the youth and the services provided by the treatment foster care program. Clinical services are those offered by licensed professionals and certified paraprofessionals, including but not limited to individual, family, and group therapy; assessment; treatment planning; medication management; behavior management; crisis intervention, skills training, transition planning and mentoring. All services are specified in the youth's treatment plan and indicate frequency, modality and service provider. Higher levels of clinical services include increased frequency of clinical contact by staff employed by the treatment foster care agency. Clinical services also include care coordination of the child. Care coordination is defined as therapeutic services which are coordinated for each client on an individualized basis. It assures that services are coordinated, not duplicative, and are focused on improving outcomes for that client. Higher level of service coordination includes, but is not limited to: to: attendance and participation at Family team Decision Meetings/Family Involvement Meetings (FTDM/FIM); coordination of medical, legal, educational, Early and Periodic Screening**,** Diagnosis**,** and Treatment **(**EPSDT) and therapeutic services; coordination of services for clients with developmental disabilities, Ready by 21 benchmarks transition plans, physical and behavioral therapies; and coordination of care between systems, referring agencies,

schools, courts, etc. Additionally, this section assesses the program's "defined practice model". At the low end, the program does not use a quality improvement process that informs practice. At the moderate level, the program consistently uses a continuous improvement process or quality assurance process that informs and affects program practice. This is demonstrated through the Program's Continuous Quality Improvement (CQI) plan, program goals and updates, outcome reporting to DHR, and committee structure and minutes. At the high end, the program uses an evidence-based program and follows the Evidence-Based Practice (EBP) staffing, data collection and fidelity to the model. Documentation must support the consistent use of the EBP.

LOW

Population Served.
Programs in this intensity level meet the minimum COMAR for treatment foster care. These youth will have relatively low clinical needs but still have more needs than average youth.

*Examples of **Low** intensity needs include:*

- Axis I (Rule-Out or NOS)
- Youth may have suspected history of sexual, physical or neglect abuse (no active symptoms)
- Youth have history of trauma, but have developed a strong ability to attach
- Youth may be prescribed psychotropic medication to control symptoms of ADHD or mild depression
- Youth have a GAF of 60+
- Youth were referred from group home or community
- Youth's first-time in care
- Youth referred as part of sibling group
- Youth awaiting adoption and symptoms have stabilized
- Youth may present with a mild developmental delay
- Treatment parents rarely use 24/7 on-call service provided by the agency

Therapeutic Services

- Therapy, if indicated, is provided by referral to community-based resources as evidenced in the case record
- Program's therapeutic interventions are provided solely by Child Placement Worker (no additional support staff such as behavioral aides, mentors, crisis intervention specialists)

Staff Categories, Licensing and Qualifications:

- Program employs predominately LSWA to provide services

Case Coordination

- Program coordinates aspects of child's treatment and care with referring agency taking the lead. This includes the program's sending treatment plans, updated medical reports, and updates that are required by COMAR (i.e. change of placement, hospitalizations, etc).

Practice Model:

- Program has no evidenced-informed practice model, quality assurance or improvement process or benchmarking system.

MODERATE

Population Served.

Programs at this intensity will serve youth that need moderate agency supports to be maintained in a community setting. These youth will have moderate clinical needs that require specialized services that are either provided by the agency or through a referral resource.

*Examples of **Moderate** intensity needs include:*

- Axis I or II diagnosis (Rule-Out acceptable)
- Youth typically have confirmed/suspected history of sexual, physical or neglect abuse
- Youth may have history of hallucinations: auditory, sensory or visual
- Youth may have sexually acting out behaviors that are non-aggressive
- Youth are prescribed psychotropic medication to control symptoms
- Youth may have history of drug/alcohol use/abuse
- Youth have a GAF of 40 – 60 or a moderate score on a standardized behavioral tool
- Youth have a history of trauma and a moderate ability to attach
- Youth has history of 2 or less placements in the last two years
- Youth's development is moderately below his/her chronological age
- Treatment and/or biological/identified families periodically use 24/7 on-call service provided by the agency

Therapeutic Services:

- Therapy is provided by community-based resources with high level of coordination (e.g., community therapist provides written reports to program) as evidenced in the case record
- Program's therapeutic interventions are provided by Child Placement Worker and other contracted support staff (e.g., behavioral aides, mentors, crisis intervention specialists)

FY 2012 LEVELS OF INTENSITY

Staff Categories, Licensing and Qualifications:

- Program employs predominately LGSWs.
- Program contracts with certified contracted support staff (e.g., behavioral aides, mentors, crisis intervention specialists) to provide therapeutic services

Care Coordination

- Program mutually shares responsibility for care coordination with referring agency. Referring agency and Program regularly confer on treatment coordination, Referring agency and/or Program attend FDTM/FIM's, Individualized Education Plan (IEP) meetings, etc
- Program and referring agency confer on treatment, share responsibility for setting up appointments, etc.

Practice Model:

Program utilizes structured continuous quality improvement process/quality assurance that informs and affects practice. This includes documentation to DHR of program CQI plan and updates on program changes that resulted from data collection.

<u>HIGH</u>

Population Served.

Programs that qualify for the highest level of care in this domain would typically serve youth that may otherwise be referred to a more restrictive level of care. Additionally, these programs would include in their programming intensive clinical services to the youth and families to maintain difficult to place youth safely in the community. Further, programs would have the capability to take referrals of youth that are "hard-to-place." In the highest level, the youth's clinical symptomology is typically acute or chronic and requires constant supervision by the treatment parent to be safely maintained in the foster home. These programs would typically employ therapists, psychiatrists, and other specialists to serve the complexity of these youth's needs.

*Examples of **High** intensity needs include:*

- More than one Axis I diagnosis (not Rule-outs)
- Axis II diagnosis
- Youth typically have confirmed, recent history of severe sexual, physical abuse or neglect
- Youth have history of aggressive sexually acting out or perpetrating behaviors that require constant supervision
- Youth have a history of trauma and an impaired ability to attach
- Youth have demonstrated suicidal ideation, suicide attempts or self-mutilation, which requires constant monitoring by the treatment parent
- Youth are actively using/detoxing from drugs or alcohol that requires constant monitoring and/or drug testing
- Youth have a GAF of 40 or below or score on the low-end of a standardized tool (CAFAS, CANAI, etc (ie.CANS.)

- Youth have more than one psychiatric hospitalization
- Youth have history of 3 or more placements in the last two years
- Youth have history of fire setting or animal cruelty that requires constant monitoring by treatment parent
- Youth's development is significantly below his/her chronological age
- Treatment and/or biological/identified families frequently uses 24/7 on-call service provided by the agency

Therapeutic Services.

- Therapeutic services are provided by licensed professional employed or contracted by the program as evidenced in the case record
- Program's therapeutic interventions are provided by Child Placement Worker and support staff (e.g., behavioral aides, mentors, crisis intervention specialists) who are employed by the agency to provide services
- The youth's therapist is a member of an interdisciplinary treatment team as evidenced in the treatment plan and case record

Staff Categories, Licensing and Qualifications:

- Program employs predominately experienced post Masters degree LGSWs and/or LCSW-Cs.
- Program employs certified support staff (e.g., behavioral aides, mentors, crisis intervention specialists) to provide therapeutic services
- Program employs or contracts with Psychiatrist/Psychologist or credentialed specialist to address the treatment needs of the youth.

Care Management:

- Program assumes full responsibility for care coordination of child. Agency case manager is treatment team leader. All appointments, treatment needs, and reporting is done by the Program.
- Program takes the lead in contracting or hiring specialists when needed.
- Program communicates with all systems and assures that all services are individualized and non-duplicative

Practice Model:

- Program uses an evidence-based practice model to guide clinical services. Program uses a program like Multi-dimensional treatment foster care and can demonstrate fidelity to the model through its client charting, committee structures and staffing.

III. EDUCATION SERVICES

Youth in treatment foster care often have special academic needs. Often they are due to the treatment youth's multiple traumas, disabilities, behavioral challenges and histories of unstable living environments. Youth are entitled to a free, appropriate education, and it is the responsibility of the treatment foster care program to enroll the youth in school and to work with educators and the youth's guardians to ensure academic success. Treatment foster care programs may provide, as needed, additional services and/or supports so that youth can develop skills, meet their special educational needs, or otherwise be best-prepared for employment and independence. For each youth in placement, programs will assure that during the school year, the youth is enrolled in an appropriate school setting within 5 days of placement and assure the youth attends school regularly as detailed in COMAR *07.05.02.17 B (9).*

LOW

Population Served.
Youth in the low Education category have educational needs that generally can be met in their community school. They may need some accommodations in order to succeed academically, but those accommodations are minimal. Treatment parents must be involved in ensuring the youth's academic success, but the amount of time and effort involved is close to what is considered age appropriate for most youth.

Treatment Parent Involvement:

- Treatment parent enrolls the youth in school
- Treatment parent attends routine meetings (e.g., parent-teacher conferences)
- Treatment parent spends an age appropriate amount of time assisting the youth with schoolwork

Educational Parameters:

- Less than half of school age youth have an IEP/504 Plan
- Program meets basic educational needs as outlined in COMAR
- Program provides routine support of school age youth's educational needs

MODERATE

Population Served.
Youth in the moderate Education category have educational needs that require multiple accommodations in order to succeed academically or to be prepared for employment or independence. These youth may be served in their local school, but will require more assistance to be maintained there. They often will require behavioral interventions in school and during transportation. Treatment parents must have regular, ongoing involvement in ensuring the youth's academic success. Additional services are provided by the agency, which could include tutoring or assistance with academic needs beyond the regular supervised homework time, vocational counseling, and life skills

training. This is identified as a need in the treatment plan, is regularly scheduled and is provided at least once a week.

Treatment Parent Involvement:

- Treatment parent enrolls the youth in school
- Treatment parent attends routine meetings (annual IEP, parent-teacher conferences)
- Treatment parent intervenes with school issues regularly, either by phone, in writing or in person
- Treatment parent spends more than an age appropriate amount of time assisting the youth with schoolwork
- Treatment parent teaches life skills
- Treatment parent supports the youth in gaining and maintaining employment experiences, if age appropriate
- In mother/child programs, the treatment parent provides additional supports (ie. child care) to the treatment foster care youth in order to ensure appropriate time and energy can be expended on school requirements.

Educational Parameters:

- More than half of school age youth have an IEP/504 Plan
- Program provides additional educational services such as tutoring, vocational counseling, or life skills training
- Program provides interventions in the school which include, but are not limited to, frequent visits to the school by Child Placement Worker or treatment parent, managing frequent suspensions, attending IEP/504 planning meeting, etc.

HIGH

Population Served.

Youth in the high Education category have educational, vocational, and life skills needs that require extensive accommodations to succeed. They often need self- contained classrooms or non-public schools and are not likely to be served by their local school. When in specialized educational programs the treatment foster care staff and treatment parents must coordinate the efforts of the youth's educational team with the broader treatment needs of the youth. They usually have extensive behavior problems and/or significant cognitive limitations as well as academic problems. These needs result in the youth lacking the basic vocational and life skills necessary to achieve success. Many youth are not in the appropriate school-setting, which may require constant as well as emergent intervention from the treatment foster care program. In addition to the support given educationally, the program consistently provides vocational counseling and life skills training for the youth.

Treatment Parent Involvement:

- Treatment parent enrolls the youth in school.
- Treatment parent attends routine meetings (annual IEP/504, parent-teacher conferences), spends significant time intervening with school issues, and may have daily contact with the school
- Treatment parent must spend substantially more than age appropriate time assisting the youth with schoolwork
- Treatment parent must spend significant time and energy attending additional educational meetings in order to adequately address the needs of the youth
- Treatment parent teaches life skills
- In mother/child programs, the treatment parent provides daily supports (ie. child care) to the treatment foster care youth in order to ensure appropriate time and energy can be expended on school requirements.
- Treatment parent supports the youth in gaining and maintaining employment experiences, if age appropriate

Educational Parameters:

- More than half of school age youth require a high level of coordination to access or maintain level of educational services needed and/or ensure implementation of the IEP/504 as evidenced in the case record
- Program staff provide vocational services, employment counseling or life skills training
- Program staff and treatment parent participate regularly as educational team, and are available at all times to intervene at the school in case of crisis, or as necessary to support the educational and behavior plan

IV. HEALTH AND MEDICAL SERVICES

Youth in treatment foster care may present with a variety of health concerns, ranging from routine medical care to multiple technological interventions in order to preserve the youth's life. It is the responsibility of the program to ensure compliance with medical orders and to coordinate medical care in the context of the youth's treatment plan. In the case of Treatment Foster Care for mother/child and medically fragile youth, there may be significantly more complex health and medical issues to address.

LOW

Population Served.

Youth in the low intensity Health and Medical category have mild symptomology and limitations related to a range of illnesses and syndromes. However, the youth are medically stable. The treatment parent will need to demonstrate a clear understanding of the youth's medical history and current conditions. The treatment parent's home environment will meet the basic COMAR standards.

Health services include:

- Program provides interventions consistent with the needs of youth who are medically and physically stable
- Program provides treatment parents with basic training in medication administration and well-child care
- Program accesses community medical services per COMAR standards
- Treatment parents respond to normal or short-term childhood illnesses and injuries
- Programs with Mother/child or medically fragile specified on their license will typically not fit in this category

MODERATE

Population Served.
Youth served in moderate intensity programs present with advanced medical and social needs related to various illnesses and syndromes. Treatment parents will require specific training to perform daily care and supervision functions. The treatment home's physical environment may need to be adapted to accommodate the youth's needs, including installation of adaptive equipment or modifications for accessibility.

Health services include:

- At least half of Treatment Foster Care youth require specialist care (e.g., neurologist, orthopedist, gastroenterologist, PT, OT, etc.)
- Program provides treatment parents with on-going training in the care of youth with medical conditions
- Program contracts with a nurse/doctor for consultation, home visits, assessments and/or training
- Treatment parents provide prolonged interventions to meet chronic or acute illness needs
- In Mother/child programs, the treatment parent coordinates and assures all medical needs of the mother and her child are routinely met.

HIGH

Population Served.
Youth served in high intensity programs present with serious medical and /or physical challenges that are debilitating or life-threatening. Or, in mother/child programs or programs serving youth with developmental disabilities, the majority of Treatment Foster Care youth served require daily assistance with day to day wellness and medical responsibilities. The treatment parent's skill-base is highly technical and requires the support of a trained back-up treatment parent. Treatment parents require intense training from health care providers with on-going reinforcement from a treatment foster care agency-employed nurse. The treatment home's physical environment is frequently outfitted with specialized medical equipment and often requires modifications to accommodate the youth's immobility.

Health services include:

- Program serves youth who, in addition to specialist care, require in-home medical care (e.g., private duty nursing)
- Program provides treatment parents with specialized youth-specific medical training to care for the youth in their homes
- Program employs a nurse/doctor for consultation, home visits, assessments and/or training
- Treatment parents provide interventions that address severe medical and/or physical challenges or day to day wellness or medical responsibilities(e.g., total care or assistance with most Activities of Daily Living)

V. FAMILY SUPPORT SERVICES

Permanency is of paramount importance to all youth in foster care, including treatment foster care. Youth in a treatment foster care home need ongoing contact and reinforcement with their identified families. An identified family for youth in foster care is a permanent connection to committed adults that are important to them. These committed adults include biological families, relatives, and significant others that provide protection, nurturing, socialization, and financial provision. Every youth should have an identified family before aging out of foster care. Family services need to be provided for children in treatment foster care based on their individual needs and circumstances. Among children placed in treatment foster homes; there is a continuum of family involvement ranging from no contact with family members to full family in most aspects of a child's care and treatment. Except in instances where family involvement is precluded by a Court order or a child's family refuses to have contact with the child, every program must, at a minimum maintain ongoing communication with the child's family members, allow for and accommodate family visitation and permit and facilitate telephone and letter communication between the child and his/her family members. These actions do not constitute family services in the context of levels of program and services intensities.

As agreed upon by the placing agency, identified families should be encouraged to become members of the treatment team, to visit with their youth as ordered by the court and/or agreed upon by the treatment team. The intensity of family services offered in Treatment Foster Care is determined by the degree to which families are encouraged and enabled to be involved in assessments/evaluations of their children's needs, the scope of family services available and the extent to which parent/family involvement in treatment is encouraged and supported by the program. Except in instances where children have no identified family members or where family members are precluded from participation by a Court order, the program will make continuous efforts to actively involve parents and family members in an initial and periodic assessment of their children's needs and in their development of Individual Treatment Plans (ITPs) and Individual Education Plans (IEPs) where applicable, and discharge plans.

When contact with family members is part of a treatment plan, treatment parents will assist the youth in maintaining contact and visitation with the youth's family. Even if parental rights are terminated, it is often helpful for the youth to maintain a relationship with the family or to reconnect when TPR occurs at a young age and the adoption is not finalized when the child is older. At a minimum, it is useful for the youth to obtain closure with family members or to maintain a connection even though they are not a placement resource. When indicated and especially when the permanency plan is reunification, family therapy should be provided to the youth and their family. Programs will provide services that meet the COMAR requirements detailed in *07.02.21.08 A (6)* and *07.02.21.10 D (10)* at a minimum. Programs will also support the provision of best practice models of permanency planning, such as Group Family Decision Making and Team Decision Making, as required by the Local Departments of Social Services.

Levels of Intensity for this category will be based on a programs ability to provide services in the appropriate levels as evidenced by those cases for which the program has been requested to provide family support services at a level higher than low. This measure is not based on an overall norm for the program as these services are situation specific and directed by the LDSS and FTDM/FIM process.

LOW

Population Served.
Biological/identified parents, and in some cases siblings or other relatives of the youth in placement. Parents may need concrete services offered through referral to community resources.

Family Integration, Support and Services include:

- Program encourages treatment parents to assist youth in maintaining contact and visitation with youth's biological/identified family unless otherwise indicated in the treatment plan
- Program identifies resources and refers the biological/identified family to community resources to support reunification and successful treatment outcomes
- Program provides services to biological/identified family of treatment youth as required in the permanency and treatment plan (e.g., inviting family to treatment team meetings)

MODERATE

Population Served:
Youth and biological/identified parents, siblings, other relatives of treatment youth, persons designated as family representatives by the youth and the program, important family members identified by the treatment youth who play a significant role in his or her life, family members identified by youth who are not blood relatives. biological/identified parents need concrete services, counseling and/or psychiatric services. Biological/identified parents may also have their own Developmental Disabilities and

may require additional supports, such as linkage to DDA and/or related community supports to enable them to more fully participate in their child's care. Families may be disorganized, dysfunctional, extended, and/or combined.

Family Integration, Support and Services include:

- All requirements of Low are met
- Program actively seeks out biological/identified family members (family finding/ family forming), has contact with biological/identified family, and involves them in some aspects of treatment, as evidenced by the treatment plan and case record
- Program employs or contracts for assistance to biological/identified families in accessing community resources to support reunification and successful treatment outcomes (e.g., transportation, arranging appointments, telephone linkages)
- Program provides additional resources to biological/identified family members to facilitate participation in treatment planning or clinical meetings (e.g., transportation), as evidenced by some family members' attendance at these meetings as a result of the documented support services

HIGH

Population Served:

In addition to the population served described in Moderate, this population is predominately in need of multiple services including counseling, therapy, and other services designed for families in crisis.

- Most of these families are seriously damaged and dysfunctional
- Many of the families may be drug and/or alcohol abusers
- Many of the families may have open child protective service cases
- A significant number of the biological/identified families may have had their parental rights terminated
- Reunification may not be a goal for most of these youth. However, resolving family issues and strengthening family interactions with the youth are viewed by the agency as essential for the youth's healthy growth and development

The biological/identified family will have an active role in all aspects of the treatment of the youth as outlined in program model, policies and procedures and is documented in the treatment plan and case record. Program staff will have the primary role in integrating the biological/identified family in the youth's treatment. Program staff may provide direct services as outlined in the treatment plan, which may include family therapy. At least once a month the agency supplies a licensed mental health professional or a qualified person who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision. This person invites parents and delivers at a scheduled time, either a parent education group or a parent support group. The agency contracts with or employs a parent-aid to assist biological/identified family with visitation, advocacy, compliance with LDSS service plan, and transportation.

Family Integration, Support and Services include:

- Requirements of low and moderate are met
- Program gives the biological/identified family an active role in all aspects of the youth's treatment as outlined in program model, policies and procedures, and attendance at clinical or treatment planning meetings, as evidenced by the treatment plan and case record
- Program contracts with or employs staff to provide on-site services to biological/identified families to support reunification and successful treatment outcomes (e.g., teaching, accompanying to appointments, assisting with shopping for needed items), as evidenced in the treatment plan and case record
- Program staff provides direct services such as family therapy and monthly provision of a licensed mental health professional or other qualified professional who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision. This professional schedules and invites biological/identified family to either a parent education group or a parent support group. Or, the program provides direct support for the biological/identified family within the community

VIII. SCORING MATRIX

Domain	High	Moderate	Low
24 hr Milieu Care &Supervision	11	9	7
Clinical Services	6	4	2
Education Services	6	4	2
Health/Medical Services	6	4	2
Family Support Services	6	4	2

FY 2012 LEVELS OF INTENSITY

TREATMENT FOSTER CARE CHECKLIST

Care and Supervision (Low meets COMAR standards)

Instructions: Please write corresponding number on the lines instead of a check mark. After completing the entire domain, total your numbers and divide by the number of categories to find your score. If your score can be rounded to 1, your program is Low in this domain. If your score can be rounded to 2, your program is Moderate. If your score can be rounded to 3, your program is high.

Number/Availability of Certified Caregivers

- ☐ **Low (1):** Homes have no more than 2 treatment youth, with 1 certified treatment parent
- ☐ **Moderate (2):** More than half of treatment foster homes with 2 treatment youth have 2 working certified caregivers
- ☐ **High (3):** More than half of treatment foster homes have only one treatment youth (or) More than half of treatment homes with 2 treatment youth have a stay-at-home certified caregiver

Child Placement Worker Caseload Size

- ☐ **Low (1)**: Caseload size is a maximum of 10
- ☐ **Moderate (2)**: Caseload size is a maximum of 9 or 8 in mother /child programs
- ☐ **High (3):** Caseload size is a maximum of 8 or less or 6 or less in mother/child programs

Respite Care

- ☐ **Low (1)**: Program provides treatment parents with no access to planned and crisis respite care
- ☐ **Moderate (2)**: Program provides treatment parents with access to at least 12 days per year per treatment youth
- ☐ **High (3)**: Program provides treatment parents with access to more than 12 days per year per treatment youth

FY 2012 LEVELS OF INTENSITY

Training Hours

- ☐ **Low (1):** Agency ensures that treatment parents attend 20 hours of in-service annually

- ☐ **Moderate (2)**: Agency ensures that treatment parents attend 24 hours of in-service annually or 26 hours annually for mother/child programs

- ☐ **High (3)**: Agency provides in-service training and ensures that treatment parents shall attend 28 hours or more of in-service annually

Child Placement Monitoring

- ☐ **Low (1):** Child Placement Worker has face to face contact with treatment youth and treatment parent a minimum of 2 times a month

- ☐ **Moderate (2):** Child Placement Worker has face to face contact with treatment youth and treatment parent a minimum of 3 times a month

- ☐ **High (3):** Child Placement Worker has face to face contact with treatment youth and treatment parent a minimum of 4 times a month

Please total your numbers and divide by 5 to determine your program's level for Care and Supervision

Care and Supervision Program Average _____

Care and Supervision Program Level of Intensity _____

Clinical Services (Low meets COMAR standards)

Instructions: Please write corresponding number on the lines instead of a check mark. After completing the entire domain, total your numbers and divide by the number of categories to find your score. If your score can be rounded to 1, your program is Low in this domain. If your score can be rounded to 2, your program is Moderate. If your score can be rounded to 3, your program is high.

Clinical Contact

- ☐ **Low (1)** :Therapeutic services are provided by referral to community-based resources as evidenced in the case record

- ☐ **Moderate (2)**: Therapeutic services are provided by community-based resources with high level of coordination (e.g., community therapist provides written reports to program), as evidenced in the case record

- ☐ **High (3):**Therapeutic services are provided by licensed professional employed or contracted by the program as evidenced in the case record.

Therapeutic Interventions

- ☐ **Low (1) :** Therapeutic interventions are provided solely by Child Placement Worker (no additional support staff such as behavioral aides, mentors, crisis intervention specialists)

- ☐ **Moderate (2):** Therapeutic interventions are provided by Child Placement Worker and other contracted support staff (e.g., behavioral aides, mentors, crisis intervention specialists)

- ☐ **High (3):** Therapeutic interventions are provided by Child Placement Worker and support staff (e.g., behavioral aides, mentors, crisis intervention specialists) employed by the program

Care Coordination

- ☐ **Low (1):** Program coordinates aspects of child's treatment and care with referring agency taking the lead. This includes the program's sending treatment plans, updated medical reports, and updates that are required by COMAR (i.e. change of placement, hospitalizations, etc).

- ☐ **Moderate (2):** Program mutually shares responsibility for care coordination with referring agency. Referring agency and Program regularly confer on treatment coordination. In mother/child programs, program staff provide parenting classes, sex education, and child development training

- ☐ **High (3):** Program assumes full responsibility for care coordination of child. Agency case manager is treatment team leader. All appointments, treatment needs, and reporting is done by the Program. In mother/child programs, program staff provide parenting classes, sex education, child development training support groups, and expressive therapy for mother/child client

Professional Credentials

- ☐ Low (1): Program employs predominately LSWA to provide services

- ☐ Moderate (2):Program employs predominately LGSWs

- ☐ High (3): Program employs predominately experienced post Masters degree LGSWs and/or LCSW-Cs

Defined Practice Model

- ☐ Low (1): Program has no evidenced-informed practice model, quality assurance or improvement process or benchmarking system.

- ☐ Moderate (2): Program utilizes structured continuous quality improvement process/quality assurance that informs and affects practice.

- ☐ High (3): Program uses an evidence-bases practice model to guide clinical services

Please total your numbers and divide by 5 to determine your program's level for Clinical Services

Clinical Services Program Average _____

Clinical Services Program Level of Intensity_____

Education Services (Low meets COMAR standards)

Instructions: Please write corresponding number on the lines instead of a check mark. After completing the entire domain, total your numbers and divide by the number of categories to find your score. If your score can be rounded to 1, your program is Low in this domain. If your score can be rounded to 2, your program is Moderate. If your score can be rounded to 3, your program is high.

Individualized Education Coordination

- ☐ **Low (1):** Less than half of school age youth have an IEP/504 Plan

- ☐ **Moderate (2):** More than half of school age youth have an IEP/504 Plan or require additional education coordination in order to be successful in their school setting

- ☐ **High (3):** More than half of school age youth require a high level of coordination to access or maintain level of educational services needed and/or ensure implementation of the IEP/504 Plans as evidenced in the case record

Ancillary Educational Services

- ☐ **Low (1):** Program meets basic educational needs as outlined in COMAR

- ☐ **Moderate (2):** Program provides additional educational services such as tutoring, vocational counseling, or life skills training

- ☐ **High (3):** Program employs staff to provide tutoring, vocational training, or life skills training

Program Interventions

- ☐ **Low (1):** Program provides routine support of youth's educational needs

- ☐ **Moderate (2):** Program provides interventions in the school which include, but are not limited to, frequent visits to the school by Child Placement Worker or treatment parent, managing frequent suspensions, attending IEP/504 planning meeting, etc.

- ☐ **High (3):** Program staff and treatment parent participate regularly as educational team, and are available at all times to intervene at the school in case of crisis or as necessary to support the educational and behavioral plan

Please total your numbers and divide by 3 to determine your program's level for Educational

Educational Program Average _____

Educational Program Level of Intensity _____

Health and Medical Services (Low meets COMAR standards)

Instructions: Please write corresponding number on the lines instead of a check mark. After completing the entire domain, total your numbers and divide by the number of categories to find your score. If your score can be rounded to 1, your program is Low in this domain. If your score can be rounded to 2, your program is Moderate. If your score can be rounded to 3, your program is high.

Obtaining Medical Care

- ☐ **Low (1):** Youth are medically and physically stable and require well-child care and care for typical childhood illness and injury.

- ☐ **Moderate (2):** At least half of youth require specialist care (e.g., neurologist, orthopedist, gastroenterologist, PT, OT, etc.) or in mother/child programs, treatment foster parent coordinates well child and all other necessary medical care for the treatment foster care child and her baby.

- ☐ **High (3):** Program serves youth who, in addition to specialist care, require in-home medical care (e.g., private duty nursing)

Treatment Parent Training

- ☐ **Low (1):** Program provides treatment parents with basic training in medication administration and well child care
- ☐ **Moderate (2):** Program provides treatment parents with on-going training in the care of youth with medical conditions
- ☐ **High (3):** Program provides treatment parents with specialized youth-specific medical training to care for the youth in their homes

Professional Staffing

- ☐ **Low (1):** Program accesses community medical services per COMAR standards
- ☐ **Moderate (2)**: Program contracts with a nurse/doctor for consultation, home visits, assessments and/or training
- ☐ **High (3):** Program employs a nurse/doctor for consultation, home visits, assessments and/or training

Treatment Parent Interventions

- ☐ **Low (1):** Treatment parents respond to normal or short-term childhood illnesses and injuries
- ☐ **Moderate (2):** Treatment parents provide prolonged interventions to meet chronic or acute illness needs
- ☐ **High (3):** Treatment parents provide interventions that address severe medical and/or physical challenges (e.g., total care or assistance with most Activities of Daily Living)

Please total your numbers and divide by 4 to determine your program's level for Health and Medical

Heath and Medical Services Program Average _____

Health and Medical Services Program Level of Intensity _____

FY 2012 LEVELS OF INTENSITY

Family Support Services (Low meets COMAR standards)

Instructions: Please write corresponding number on the lines instead of a check mark. After completing the entire domain, total your numbers and divide by the number of categories to find your score. If your score can be rounded to 1, your program is Low in this domain. If your score can be rounded to 2, your program is Moderate. If your score can be rounded to 3, your program is high.

Family Integration

- ☐ **Low (1):** Program encourages treatment parents to assist youth in maintaining contact and visitation with youth's biological/identified family unless otherwise indicated in the treatment plan

- ☐ **Moderate (2):** Program actively seeks out biological/identified family members (family finding/ family forming), has contact with biological/identified family, and involves them in some aspects of the youth's treatment, as evidenced by the treatment plan and case record

- ☐ **High (3):** Program gives the biological/identified family an active role in all aspects of the youth's treatment as outlined in program model, policies and procedures, and attendance at clinical or treatment planning meetings, as evidenced by the treatment plan and case record

Family Support

Low (1): Program identifies resources and refers biological/identified families to community resources to support reunification and successful treatment outcomes

Moderate (2): Program employs or contracts for assistance to biological/identified families in accessing community resources to support reunification and successful treatment outcomes (e.g., transportation, arranging appointments, telephone linkages)

High (3): Program employs or contracts with staff to provide on-site services to biological/identified families to support reunification and successful treatment outcomes (e.g., teaching, accompanying to appointments, assisting with shopping for needed items), as evidenced in the treatment plan and case record

Family Services

- ☐ **Low (1):** Program provides services to biological/identified family of treatment youth as required in the permanency and treatment plan (e.g., inviting family to treatment team meetings)

- ☐ **Moderate (2):** Program provides additional resources to biological/identified family members to facilitate participation in treatment planning or clinical

meetings (e.g., transportation), as evidenced by some family members' attendance at these meetings as a result of the documented support services

- ☐ **High (3):** Program staff provides direct services such as family therapy and monthly provision of a licensed mental health professional or other qualified professional who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision. This professional schedules and invites biological/identified family to either a parent education group or a parent support group (or) provides direct support for the biological/identified family within the community.

Please total your numbers and divide by 3 to determine your program's level for Family Support Services

Family Support Services Program Average _____

Family Support Services Program Level of Intensity _____

Determination of the Treatment Foster Care Levels of Intensity Final Score

The final Treatment Foster Care Levels of Intensity Score is the total of each of the domain scores found in the chart below. The score in each domain will depend on whether your program is Low, Moderate, or High according to the Checklist. By totaling up your score, you arrive at your program's final level of intensity score.

Instructions:

Circle only one number in each row. For each of the five domains, circle the number that corresponds with your Checklist's LOI for that domain. For example, if your program's LOI for Care and Supervision on the Checklist is Low, you will circle 7 on the Care and Supervision line. If your LOI for Clinical Services is High, you will circle 6 on the Clinical Services line. If your Health and Medical LOI is Moderate, you will circle 4, and so on. Please add up all five circled numbers to obtain your program's total level of intensity score.

(C & S: _____) + (Clinical: _____) + (Education: _____) + (H & M: _____) + (Family Support: _____) = _____**Total**

Treatment Foster Care Levels of Intensity Domain Final Score _____

Program Staff Review & Approval: Date:

Licensing Agency Approval: